Section 4 Review

In Regard to the Death of Gage Guimond

July, 2008
Public Release Version

First Nations of Southern Manitoba Child & Family Services Authority

WARRIOR FOR CHANGE...

GAGE GUIMOND

July 21, 2005—July 22, 2007

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Preamble

Gage Guimond, a young Ojibway boy, has died of unnatural causes while in the care of others. His untimely death has stirred and shaken the emotions of many. We find ourselves at a loss as we look for answers to such a tragedy and we will look to Gage as our "Warrior for Change".

For a moment let us join our *"Warrior for Change" – Gage,* and send our prayers to him through the Creator and let him know he is not going to be forgotten. It is the call of our ancestors to show our unity in moving forward.

Death is an evolutionary process of the natural world and of the universe. Death is the balance to life; the two evolutionary processes keep the universe intact. The natural composition of evolution of death and life and as good as it is will have unnatural occurrences or causes; it is the way of the universe.

The return of our children and having their best interest at heart has always been the dream of our Elders. We have never given up our children. History is just now catching up and the system finds itself having to undo many hurts, and provide co-leadership in the repatriating of the child and family services system to First Nations by First Nations.

Reflecting back for a moment, the road of the past has been severely marred with atrocious and terrible memories. What a monumental task on hand for the people involved in the development, design and implementation of a healthier and balanced relationship between the First Nations and mainstream culture.

A moment of truth has been bestowed upon us and it is the way of our Elders to persevere and adapt to change. What we have before us is a multitude of disastrous attempts at defining the relationship between the two cultures at best. The old system we have inherited is riddled with racial overtones and policies that are completely indifferent to that of First Nations cultures and values.

It is incumbent upon those who have a vested interest in the future of our children to further enhance the development of a First Nations congruent child and family service model that encompasses the values and customs of each First Nation tribal area.

The transfer of services to First Nations is crucial and a necessary step towards self governance. One can argue and illustrate the pitfalls to such a process but reality allows for those who see beyond the pitfalls. The realistic goals and aspirations of many First Nations people are to see a model that incorporates the values and customs of the First Nation communities, and includes the *"safety of the child".*

As transformation continues, we will further explore our options. Of course, much more thought and planning has yet to materialize. The call to return to our teachings can be heard off in the distance, and footsteps of our Ancestors can be heard coming down the halls of new developments. One can't help but be elated and ecstatic!

The path of uncertainty has now given way to re-enforcing our commitment and re-investing in our children. Our children are the reason we have life and our role is to provide a safe haven and secure protection on their behalf.

Bebahmoytung – I have spoken!

CHILD AND FAMILY SERVICES IN MANITOBA

There are three key pieces of legislation that govern the delivery of child and family services in Manitoba: *The Child and Family Services Act, The Child and Family Services Authorities Act,* and *The Adoption Act*. Services across the province are delivered by a combination of private agencies and regional provincial offices. There are 15 First Nation CFS Agencies, 1 Métis CFS Agency, 4 private agencies under the General Authority along with 5 regional office operations. There is one agency in the city of Winnipeg providing intake services for all agencies.

In 2000, in response to recommendations made in the Aboriginal Justice Inquiry Report, a major restructuring of the child and family service system began. This included the creation of four CFS Authorities – the First Nations of Southern Manitoba CFS Authority, First Nations of Northern Manitoba CFS Authority, the Métis CFS Authority, and the General Authority. During the process, cases were transferred from the non-Aboriginal agencies to the Aboriginal agencies. The planning and transfers took place over a five year period, with case transfers being largely completed by fall of 2005.

The CFS Authorities Act provided for a major devolution of authority and responsibility to the CFS Authorities. These included the responsibility to mandate, fund, and monitor agencies. *The CFS Authorities Act* and regulations also stipulate which responsibilities are shared by both the Authorities and the Child Protection Branch (Manitoba). An example of such a shared responsibility is the review of child deaths. Manitoba's Family Services and Housing Department, Child Protection Branch, has responsibility under the legislation to monitor the Authorities.

The CFS Authorities Act included an Authority Determination Protocol (ADP). This gave families a choice of CFS Authority. Experience has demonstrated that most families select service from their culturally appropriate Authority.

The First Nation CFS Agencies have been in existence for over 25 years. With the proclamation of *The CFS Authorities Act*, the mandates of these agencies, previously limited to on reserve, was extended to include both on and off reserve. Most of the agencies had been providing outreach services off reserve for many years; the extension of their mandates now allowed them to provide a full range of CFS services off reserve.

The First Nations CFS Agencies receive their funding from the Province and from the federal Department of Indian and Northern Affairs Canada (INAC). INAC is responsible to fund the on reserve services; these services continue to be regulated by provincial legislation and are subject to monitoring and oversight by the Authorities.

The restructuring resulted in a system of concurrent jurisdiction, a change from the previous system of geographically based mandates. There are now multiple agencies operating in a number of areas throughout the province. To ensure a coordinated entry to the CFS system, a series of designated intake agencies were set up. These agencies provide intake and after hours services on behalf of all Authorities and agencies within a designated geographic area. In Winnipeg, a separate agency was created to deliver the intake and after hours service. This agency, known as the CFS All Nations Coordinated Response Network (ANCR), is also responsible for conducting child abuse investigations within the city of Winnipeg.

A CFS Standing Committee, composed of the four Chief Executive Officers of the CFS Authorities and the provincial Director of Child Welfare, is a body established in legislation with a mandate to foster cooperation and collaboration. This is critical for a system of concurrent jurisdiction and demonstrates the commitment of the CFS system to work cooperatively to improve the quality of life for all children.

INTRODUCTION

Purpose of the Review

The purpose of the review was to:

- examine and assess the services provided by Sagkeeng Child and Family Services (Sagkeeng CFS) to Gage Guimond and his family and to ascertain whether the services provided were consistent with established legislation, standards and best practice expectations

- examine the circumstances surrounding the child's death and determine whether the services, or lack of services provided, may have contributed to the death of Gage Guimond and make recommendations that will help to prevent similar incidents from occurring in the future

- examine the operational issues that were relevant to the Agency's management of this case.

This report is organized into two main parts. Part one is the report on the case management services provided by the Agency. Part Two is the report on Agency operations relevant to this case. Throughout the review process, the Southern Authority and the Agency committed to take action on findings that emerged and warranted immediate attention. The Southern Authority committed to working with Sagkeeng CFS to develop and implement an action plan to address the issues and recommendations identified in this review.

Part Six of the Child and Family Services Act spells out the confidentiality requirements that CFS Agencies and Authorities are bound by. In an effort to balance these requirements with the public accountability of the child welfare system, this document is a condensed version of the full Review.

The First Nations of Southern Manitoba CFS Authority is the legal name in the CFS Authorities Act. Southern First Nations Network of Care is the Authority's operating name. Southern Authority is a term used on a day to day basis. The three names are used interchangeably in this report.

Legislative Base of the Review

Under subsection 4(2)(c) of *The Child and Family Services Act (CFS Act),* and under section 25 of *The Child and Family Services Authorities Act,* the Director, or an Authority has the power to conduct enquiries and carry out investigations with respect to the welfare of a child dealt with under the CFS Act.

Reviewers

The review was ordered by the First Nations of Southern Manitoba CFS Authority (Southern Authority). The review and report of the case management services provided to Gage Guimond by Sagkeeng CFS was conducted by an external reviewer contracted by the Southern Authority. The review and report of the operations of the Agency, as they related to this case, was conducted by the Vision Keepers-Quality Assurance team of the Southern Authority.

The Reviewers were:

Part One

Andrew Koster, MSW

Alice McEwen Morris, MSW

Part Two

Tara Petti, BSW

Robert Allec, MSW

Sylvia McKay, BSW

Ursula Katic, BSW

John Lovell, CMA

Kent Brown, CHRP candidate

Vlastimir Drakul, MS Certified Systems Engineer

Overview of Sagkeeng Child and Family Services

Sagkeeng CFS was established in 1976. It was the first Aboriginal agency in Manitoba to offer child and family services. The Agency worked jointly with Eastman Region Child and Family Services in the delivery of statutory services. In 2001, the Agency received its own mandate under the Child and Family Services (CFS) Act.

The Agency provides services primarily to the members of the Sagkeeng First Nation, both on and off reserve. It has two offices, one located in the community of Sagkeeng and a Sub-Office located in the City of Winnipeg. The Sagkeeng First Nation is located 122 kilometres northeast of the City of Winnipeg.

At the time the Agency received its own mandate, it was restricted to on reserve services. In 2004, the Agency's mandate was extended to include off reserve services. A readiness and capacity assessment of the Agency was conducted by the Southern Authority prior to granting this extension of mandate. Cases were transferred from the non-Aboriginal agencies beginning in 2004. Sagkeeng CFS was impacted by the transfers in June 2005, when the Agency assumed responsibility for cases transferred from Winnipeg Child and Family Services. At that time, the Agency accepted 194 transferred cases. This tripled the number of cases that the Agency was responsible for.

Sagkeeng CFS, as with all Southern Authority CFS agencies, was involved in a Winnipeg Case Transfer Table for 12 months prior to the actual case transfers. This assisted the Agency in preparing for the acceptance of these cases. Along with the 194 cases, there were 11 full time positions transferred to the Agency, which included 8 social workers (at a ratio of 1 worker: 24 cases), 1 supervisor, 1 other professional, and 1 administrative staff person.

Sagkeeng CFS entered into a secondment agreement for four social work positions at the time of the case transfers. The secondment agreements were terminated as the Agency hired qualified Aboriginal staff or directly hired the seconded staff. In July 2007, the Agency had no seconded staff.

In 2006/2007, Sagkeeng CFS received $285,500 from the Southern Authority. This represented an equity adjustment paid to the First Nations CFS agencies, by the Province, to bring the pre-AJI[1] funding

[1] This is the Aboriginal Justice Inquiry Child Welfare Initiative (AJI-CWI)

to an equitable level. This equity adjustment was based on pre-AJI workload, and provided agencies with resources to bring salary levels and staffing ratios on par with other provincially funded agencies.

The table below provides a three year comparison of the Agency's caseload at the end of each fiscal year[2]:

Year	Children in Care	Family Service	Total
March 31/07	235	79	314
March 31/06	218	96	314
March 31/05	71	109	180

Increase between 2005 and 2006 is due to the transfer of Winnipeg CFS cases that occurred in June 2005.

The Agency receives its funding from the Southern Authority (provincial workload) and from the Department of Indian and Northern Affairs Canada (federal workload). In 2007/2008, the Agency received total funding of $8.7M for Operations and Child Maintenance (76% provincial; 24% federal).

[2] Annual Report of the Province of Manitoba Family Services and Housing 2006-2007

As of June 2008, the Agency had a staff of about 50 people. The staffing component at the time of Gage Guimond's death in July 2007 was similar.

Positions in July 2007 were allocated as follows:

Position	Sagkeeng Main Office	Winnipeg Sub-Office	Total
Executive Director	1		1
Assistant Exec. Director	1		1
HR Coordinator	1		1
Resource Coordinator	1		1
Supervisors	2	2	4
Social workers	5	10	15
Resource workers	2	2	4
Abuse	1	0	1
Intake	1	0	1
Support workers	3	2	5
Clerical/Admin	3	2	5
Finance	3	0	3
Other	0	3	3
Paralegal	0	1	1
			46

There are 15 case carrying workers. Based on the end of March 2007 case count, the worker to case ratio was 1: 21. The Child Welfare League of America (CWLA)[3] standards recommend a caseload of 17 active families per social worker, and 12-15 children in care per social worker.

[3] Child Welfare League of America (1996-2005). Recommended Caseload Standards. Retrieved from http://www.cwla.org/newsevents/news030304cwlacaseload.htm

There are 4 Supervisors supervising 15 Front Line Workers, 1 Intake worker, 1 Abuse worker, and 5 Support Workers, for a total of 22 staff. This is a ratio of 1 supervisor for every 5.5 workers. The Resource Coordinator supervises 9 staff. CWLA acceptable ratios for supervisors are 1:5.
The case numbers that the Agency provided shortly after Gage Guimond's death were as follows:

	Winnipeg office (10 workers)	Sagkeeng office (5 workers)	Total
Children in care	181	87	268
Protection	80	45	125
Voluntary family services	3	42	45
Total	264	174	438
Caseload ratio	26.4	34.8	29.2

The Agency has had a high turnover of staff at the Winnipeg Sub-Office. Since 2005, only 5 of 14 original employees remain. Since July 2007, 5 staff has left, and 2 are on long term leave. Of the current front line staff, only 2 have been there for over a year[4]. All social workers are fairly new to front line work, increasing demands on supervisors and on training.

Sagkeeng CFS, along with the other southern First Nations CFS agencies, is required to comply with the Southern Authority's Workforce Qualifications Standard (WFQ) which came into effect on January 15, 2007. There is a provincial foundational workforce qualifications standard and the Southern Authority's WFQ standard is consistent with this foundational standard. The standard applies only to the front line mandated workers.

[4] Michaud, Madeleine Six Year Review Jan 2008

In July 2007, the qualifications of the staff in social work positions were as follows:

Qualifications of Winnipeg Sub-Office staff in July 2007	
Executive Director	BSW
A/Executive Director	BSW
Human Resource Coordinator	BSW
Resource Program Coordinator	BSW
2 Supervisors of case carrying workers	Both with BSW
10 Case carrying workers	7 - BSW 1 - 10 yrs experience and is in the last year of the BSW program 1 – completing applied counselling certificate; certified as FASD specialist in Lakeland, Alberta; equivalent of 5 yrs experience 1 – vacancy in process of being filled
Resource Program workers	1 – Grade 12, no direct experience 1 – BA; did not meet WFQ as she lacked CFS direct experience

It was the first time in 30 years that a child death of this nature occurred at this Agency. The death of Gage Guimond has had a profound effect on the Sagkeeng First Nation, its Child and Family Service Agency, their staff and Board of Directors.

PART ONE – CASE MANAGEMENT

Precipitating Situation for the Section 4 Review

Gage Guimond, a child in care, died on July 22, 2007 after sustaining severe injuries. A person within his placement was later charged with one count of manslaughter and two counts of assault. Gage was a ward of Sagkeeng CFS and his placement was arranged by the Agency.

The death of Gage sparked public outcry that yet another child involved with the Child and Family Services system in the Province had died. The media picked up on the public outcry and published article after article on Gage's death sparking letters to the Editor and telephone calls to the Minister, the Southern Authority Network of Care and the Office of the Children's Advocate. Two questions surfaced immediately. Firstly, how did Gage die? Media reports focused on the extensive bruises to a large part of his body. And secondly, why was Gage placed in the home where he could sustain such injuries and eventual death?

Delegation of Power

As authorized under subsection 4(3) of *The Child and Family Services Act*, for the purposes of conducting this review, the reviewers had the delegated investigatory powers of the Director. However, it was understood that in this particular instance, the reviewers would submit the Section 4 Report for Gage Guimond directly to the Southern First Nations Network of Care.

The Terms of Reference Agreement

The purpose of this review was to examine and assess the services provided to Gage Guimond and his family by Sagkeeng CFS. The focus was to ascertain whether the services provided were consistent with established legislation, standards and best practice expectations.

The review examined the circumstances surrounding the child's death and attempted to determine whether the services, or lack of services provided, may have contributed to the death of Gage Guimond and make recommendations to help prevent similar incidents from occurring in the future.

The Scope of the Review

The review included, but was not limited to, the following activities:

- Providing a profile of Gage Guimond and his family
- Examining the assessment, risk determination methods and decision-making used to determine the services and supports provided to Gage Guimond and his family
- Examining the supervision, management practice, communication and lines of accountability as each pertain to the services provided in this case
- Reviewing the assessment criteria, agency procedures and practice methods used to establish a "place of safety"
- Reviewing the relationships, qualifications, training and skill level of staff conducting home assessments for approving a "place of safety", and for completing home studies for the purpose of licensing foster homes
- Assessing the degree to which the involvement of the Agency met the protection needs of this child
- Assessing the process used to evaluate the effectiveness of services provided to this child and his family
- Identifying factors that may have contributed to the death of this child
- Analyzing those factors that may have contributed to the Agency either meeting or not being in compliance with standards and best practice expectations
- Providing a final report with findings and recommendations

The Methodology

This Section 4 Review was produced in the following manner

- Reviewing file recordings, reports, records, case notes and any other documentation kept by the Agency, the Authority, and the Department of Family Services and Housing on Gage Guimond, his family, and the places of safety or foster homes he lived in. This may also include other CFS Agencies who may have provided services relevant to this matter
- Reviewing records, reports and documents from the Office of the Chief Medical Examiner, the Winnipeg Police Services, and other collateral services
- Interviewing any current and former staff of the Agency, staff of the Authority, Child Protection Branch, Winnipeg Police Services, Office of the Chief Medical Examiner or a collateral service.

The Context for Evaluating Case Management

In addition to an evaluation of the case management process itself, any review of a child protection or a child in care case requires consideration of other potential factors that influence case management practices. Other factors, including the professional environment, within which the case is embedded, must also be considered in order to arrive at a fair and realistic view of what indeed occurred; what was done by the child and family services agency; and the reasons for these actions or lack of actions.

Each stage of the process was looked at independently and findings were formulated at each step of the process. The reviewer's role was to look at the case and to ascertain what should have been done given the information that was gathered.

The definition of "best practice" includes what was done or should have been done when comparing it to accepted knowledge within the profession of child welfare at similar times in any Canadian jurisdiction. The services provided to the child and family in this case were also viewed with the acceptable "best practice" of the times.

Occasionally, even when all policies and procedures are applied appropriately and due diligence is done, there can be precipitating events which can change the risk level for children. This can occur in as simple a form as the emergence of an attitude or belief that impacts a decision on what is in the best interests of a child. In regard to the case management involving Gage Guimond, were any of these precipitating events or factors beyond the control of the Agency? If so, what are they?

The final consideration involves the determination as to whether the staff and the Agency itself were able to provide the required resources to support the case manager of the file. That is another crucial area since it involves a consideration of whether there were sufficient degrees of supportive factors such as those outlined below:

- Appropriate supervision
- Sufficient training at both the worker and supervisor level
- Clear policies and procedures that reflect "best practice" in child protection

- A reasonable workload at the worker level. This includes consideration of case numbers, administrative tasks and other specific responsibilities which may be expected to be performed during the carriage of the child and family files in question
- A reasonable workload at the supervisory level. This includes consideration of number of workers in the 'span of control'; coverage responsibilities, administrative tasks, and other specific responsibilities. There are a multitude of tasks which are expected to be performed during the time when the supervisor has responsibility to provide either consultation or to authorize actions to be taken by a particular worker such as in the files involving Gage Guimond
- A supportive agency culture and environment.

With this context in mind, for three months ending December 2007, information pertinent to the terms of reference was investigated and evaluated. Sources of information gathered included the following areas outlined below:

- Summarized reports of Winnipeg Police Services videotaped interviews
- Personal Interviews with Child and Family Services Staff included:
  - Workers and supervisors who held responsibilities for service delivery to Gage Guimond and his family
  - Agency staff involved in the selection, assessment and approval of placement homes that Gage was placed in
  - Other current and former staff of Sagkeeng CFS, to determine the context of the work environment.
- Interviews with community members included:
  - A member of the Sagkeeng First Nations Band Council was interviewed by telephone.
  - An interview with former foster parents was completed.
- A review of other protection and child in care case files, including a check by the reviewer of the Child and Family Services Information System (CFSIS) to locate historical and other related information on the families.
- Child and Family Services Standards Manual and Remnants Package
- A list of documents referenced in the completion of the Report
  - The Terms of Reference for this review allowed for the request of specific information that was considered to be relevant to this review. As a result, internal reports and various official correspondence related to this investigation were disclosed by various staff members. The

powers set out under a Section 4 Review (see the Terms of Reference Section) included the following. They: 'require any person who in the opinion of the Director is able to give information relating to any matter being investigated by the Director

(i) to furnish information to the Director, and

(ii) to produce and permit the Director to make a copy of any record, paper, or thing that, in the opinion of the director, relates to the matter being investigated and that may be in the possession or under the control of the person.'

These powers may be delegated, in writing, to another person or agency at the discretion of the Director.

As a result, internal reports and various official correspondences related to this investigation were presented initially or provided when requested by the reviewer.

Additional References referred to in this review include:

BEST PRACTICE IN CHILD WELFARE: *Definition, Application and the Context of Child Welfare in Manitoba*, A Review Submitted to the Manitoba Ombudsman, Wright, Alex June 2006

"PERMANENT WARDS ARE SPECIAL" , Permanent Ward Management Group, Winnipeg Child and Family Services, Harrison, Patrick June 2002

Rudd, Jane and Herzberger, Sharon, Brother-sister incest father-daughter incest: a comparison of characteristics and consequences *Child Abuse and Neglect, Volume* 23, Issue 9, September 1999, pages 915-928

Higgins, Daryl J. and McCabe, Marita P, Multiple Forms of Child Abuse and Neglect: Adult Retrospective Reports *Aggression and Violent Behaviour,*
Volume 6, Issue 6, November-December 2001, pages 547-578

Weiler, Barbara Luntz and Widom, Cathy Spatz, Psychopathy and Violent Behaviour in Abused and Neglected Adults *Criminal Behaviour and Mental Health,* Volume 6, Issue 3. 1996, pages 253-271

Wright, Alexandra, Hiebert-Murphy, Diane, Mirwaldt, Janet, Muswaggon, George,
Factors that Contribute to Positive Outcomes in the Awasis Pimichikamak Cree Nations Kinship Care Program, Funded by the Centre of Excellence for Child Welfare and Health Canada, 2006

Child Welfare League of America Caseload Standards for Child Protective Services, CWLA Standards of Excellence for Child Welfare Services, taken from
www.cwla

Changes for Children Implementation Team Progress Report, Department of Family Services and Housing, Manitoba, August 2007 Status Report

Case Specific Findings and Conclusions

In spite of best efforts, some children will continue to be abused and some may ultimately be killed by their parents or caregivers. However, having said that, proficient child protection standards, the application of 'best practice', training, sufficient resources, and a coordinated system can significantly improve the lives of many others and decrease the possibility of another tragedy such as occurred to Gage. In hindsight, one can grapple with the question, could Gage's tragic death been prevented?

To this end, one can look at the events that occurred and speculate on whether changes to the events could have altered the course of action that followed for Gage. It is important to remember that in hindsight, alternatives appear more favourable than the actions that took place.

- The Agency could have stopped the process to move the child from the initial foster home based on concerns and unresolved issues encountered while assessing the second placement.
- The Resource Worker completing the place of safety package on the fourth placement could have been more diligent in ensuring that physical conditions of the home were met, and prior contacts were further assessed, before approving the home.
- If the Staff Retreat was not scheduled for the following week, was not mandatory and not as far away, the Worker may have made another attempt to see the child that week.

It is unknown whether any of these actions may have prevented the death of Gage, however, through this review, its conclusions and subsequent recommendations, it is hoped that services to children will attain a more acceptable level of actual delivery across the Province of Manitoba. This will ensure better protection for children such as Gage in the future.

Case Transfer

- The Case Transfer process, from Winnipeg CFS (WCFS) to Sagkeeng CFS, occurred according to the guidelines for Case Transfers during the AJI-CWI process. There were no case notes attached to the CFSIS file at the time of transfer.

Record Keeping/CFSIS

- The case management information, or file documentation, by Sagkeeng CFS, was minimal, incomplete or absent.

- The provincial Child and Family Services Information System (CFSIS) was not used for case management. Accountability and compliance standards should allow little room for discretion in ensuring that all children and families receiving services from the child and family services system are adequately identified, assessed, provided with a service plan and progress is evaluated.

- The Child and Family Services Information System (CFSIS) needs to be user-friendly and regarded as a tool for workers to effectively perform case management functions. The process for obtaining file information on closed WCFS cases is long and cumbersome. Staff from child and family service agencies are unable to view reports and documents attached to case files open or closed to other agencies on CFSIS.

- Unfortunately CFSIS has been an area of contention for workers and supervisors in the child and family services system for years. For some reason, its value is not given fair recognition and it has become regarded as yet another piece of work that has to be done in an already overworked system.

- The Child and Family Services Division of the Department of Family Services and Housing is responsible for managing the child and family services information system (CFSIS).

Services Provided to Family

- WCFS did not identify this as a high risk case that required immediate attention. Once the case was transferred from WCFS, Sagkeeng CFS was slow to respond with follow up on the case.

- The file was opened as a protection file while the children were with birth mother; the Agency attempted to provide supports and resources to the family. The Agency was correct in apprehending and eventually obtaining a permanent order.

Services to Child in Care

- Sagkeeng CFS had an open protection file when the children first came into care. The children showed signs of serious neglect when they were placed in foster care.

- There was a lack of respect for Gage's medical condition and the fact that a qualified medical practitioner recommended a smoke free environment for him. The Agency was aware of Gage's asthma; while the Worker refused to go inside this home because of the strong feline odour, the Agency did not take steps to address this issue with respect to the children in care in the home.

Foster Care

- When the children first came into care, they were placed in a culturally appropriate, experienced foster home. The Agency followed the philosophical intent outlined in the provincial standards in seeking out a placement with extended family, and was correct in its attempt to keep two young children, who were permanent wards, connected to their family and community. Unfortunately best practise was not also a consideration. The licensing process did not meet provincial regulations and standards and the children were placed in a home with relatives where protection concerns were prominent.

- As the foster parents increasingly questioned the Agency's plan for the children, the relationship between the foster parents and the Agency staff deteriorated. This contributed to the Agency's decision not to return the children to the foster home when the first family placement broke down. It resulted in the children being placed with other family members who had no relationship with the children and whose homes had not been assessed by the Agency.

- Finding placement resources for children in care, including the selection of extended family, was a random and unorganized process at the Winnipeg Sub-Office. In the absence of Agency policies and procedures, workers use their own discretion in locating placement resources for children that come into care. When Gage was apprehended, he was placed in a foster home recommended by a worker who had a child placed in the same home and knew that a bed space was available. Unfortunately this foster home was licensed by another agency. Had the Resource Department been consulted they may have recommended a foster home that was licensed by Sagkeeng CFS.

- More scrutiny and effective screening of extended family members as alternate care providers for children is necessary. It is reasonable to assume that if one member of a family struggles with addictions, has a history of violence and involvement with the criminal justice system that other members of the family may, similarly, struggle with these issues. The onus on Social Work professionals is to discount this assumption through obtaining social history information and conducting evidence-based assessments. Unfortunately, in this case, none of this occurred.

- The overall process for screening, designating and approving places of safety lacks fundamental assessment guidelines and accountability. Because there is ample room for subjectivity and discretion, it is open to error and omission. Several issues were noted when the place of safety designation and approval process was reviewed. The process that Sagkeeng CFS uses for locating places of safety lacks fundamental best practice principles. Finding extended family to become placements for children in care is conducted in a random, "*who you know*" fashion. This process lacks consideration of important factors such as; the existence of an emotional bond between the child and care provider, and the connection between the required needs of a child and the care provider's ability to meet those needs. In the absence of clear Agency guidelines, there is confusion about who is responsible for assessing the capability of the care providers.

- The Place of Safety Standards should include practices for searching for extended family, assessment guidelines for screening, service planning and supports and service provision for children placed with extended family in a place of safety. Current legislation, regulations and standards require that agencies look at placement of children in care with extended family as the first priority. If that is not possible, then placement within the child's community is considered the next best option.

- Provincial legislation clearly indicates the order of priority that placement options are given when children require out of home care. Confusion arises when there are no family members, identified by a parent or child, who is willing or able to care for the child.

Case Management

- There is a serious lack of adherence to provincial case management standards respecting family contact, family assessment, risk assessment, case planning, and documentation. Standards are key for the establishment of policy and practice. Operational procedures and quality assurance standards and outcome measurements are needed for effective service provision. There were substantial indications of non-compliance with provincial case management standards in this case. This issue may have been addressed to some degree by adequate training.

- The Agency did not provide adequate coverage when the majority of staff went on a week long retreat to Calgary in July 2007. Staff left to cover services had less than six months employment with the Agency. In addition, the Agency management was aware of workers' concerns about the competence of the Supervisor left in full charge of the Winnipeg Sub-Office. This compromised case services to children and families. On the day that Gage Guimond was rushed to hospital, the majority of staff with Sagkeeng CFS was driving back from Calgary to Winnipeg.

Human Resources

- Internal conflicts and staff changes at Sagkeeng CFS Agency affected staff morale and impacted case management practices. The operations of the Sagkeeng CFS Winnipeg Sub-Office appear to have proceeded quite smoothly since it was established in 2005, in response to the AJI-CWI restructuring of the child and family services system in the province. Staff reported working in a friendly and productive environment, supervisors were competent and supportive and the relationship with Management was amicable. This seemed to change in March 2007.

- Front-Line workers had concerns about the attitude, qualifications and skills of a Resource Worker. These concerns were brought to the attention of Management by a senior Supervisor. Management's response to these concerns was inappropriate and resulted in the resignation of the senior Supervisor. This affected the morale of the staff at the Winnipeg Sub-Office.

- The newly hired Supervisor did not provide consistent and effective supervision to the front line staff. The staff raised concerns with Management about this Supervisor, particularly the lack of child protection and supervisory experience of this individual. These concerns were not addressed by Management and staff was directed to solve their own conflicts with co-workers and the Supervisor.

- The education and skill level of the staff in the Resource Program (Foster Care) did not equal that of the front line workers. The Agency did not regard the Resource Program staff as front line mandated staff.

- Many staff members working with Sagkeeng CFS are related. Although this may not appear as a concern in a well organized agency with solid human resource practices, Sagkeeng CFS did not have adequate conflict of interest policies in place. There was a conflict of interest policy but it did not adequately address hiring practises, reporting lines, and conflict resolution involving family members in the same office / agency environment. The Agency policy did not include a process to deal with allegations of favouritism, collusion, privilege, and accommodation. In addition, the policy that was in place was not consistently followed.

- There is an obvious absence of an orientation and training policy and process for newly hired workers/supervisors in the child and family services system in Manitoba. Most often this job is left to the supervisors who must include this task in an already excessive workload. This was also the situation at Sagkeeng CFS. In the absence of a planned and organized staff development program, orientation and training for new staff is conducted in a random and ad hoc manner.

- Comprehensive training for workers and supervisors at all levels in child and family services is essential and needs to be increased. The Competency-Based training program is not able to keep up with the training needs of workers and supervisors in this province. Although the responsibility for providing services has been delegated to four Authorities in the province of Manitoba, the Child and Family Services Division of the Department of Family Services and Housing maintains responsibility for competency-based training for child and family service staff.

- In the last four years, significant efforts have been made to increase the number of staff in child and family services to address workload issues. Although this is necessary, agencies are finding it difficult to fill positions with qualified and experienced workers. Many positions are under filled resulting in less than qualified workers in child protection, resource development and intake positions.

RECOMMENDATIONS

Tragedies to children have occurred in all Canadian jurisdictions at one time or another. The various inquests and inquiries have often provided diligent, practical input and appropriate adjustments to procedures, resources, training, and caseloads as needed. Some of the recommendations that follow are new, while others have been put forward as a result of findings in previous Section 4 reviews. It is vitally important that the recommendations in this report are considered and implemented.

Compliance with Child and Family Service Standards

Several Section 4 child death reviews have noted that standards were not being followed in providing services to children and families. Similarly, it was evident in this review that compliance with provincial standards in several areas of service did not occur. Every effort has to be made to ensure that there is a connection between the provincial standards for child and family services and a consistent practice of quality service delivery by child and family service agencies in the province. To increase compliance with standards it is recommended:

R1. That the Department of Family Services and Housing complete the task of redrafting the provincial Child and Family Service Standards, from the Remnants Package, in the earliest time frame possible.

R2. That the Department of Family Services and Housing, in redrafting the provincial Child and Family Service Standards, recognize and acknowledge diversity in the child and family services client population, that is, not one child or family is like the other and practice standards must reflect that all children and families have unique and diverse needs.

R3. That the Child and Family Service Authorities and Agencies have an up-to-date Child and Family Services Standards Manual in each office or sub-office occupied by intake, child protection and resource development workers, and ensure that all staff are aware of the location of the Standards Manual and have access to it at all times.

R4. That the Child and Family Service Authorities ensure that all Agencies have developed case management policy and procedure manuals that provide guidance to intake, child protection and resource development workers on service delivery to children, families, and placement resources, in accordance with the provincial standards.

R5. That the Child and Family Service Authorities and Agencies ensure that all intake, child protection and resource development workers receive training in practice applications in keeping with the standards.

R6. That the Child and Family Service Authorities ensure that training in child and family service practice applications is available to all child and family service workers, supervisors and directors on an on-going basis and support the Child and Family Services Agencies in ensuring that all workers, supervisors and directors receive the training.

R7. That the Child and Family Service Authorities, through quality assurance programs, establish an accountability process to ensure Agency compliance with standards.

Case Management Training

Case management standards exist to ensure that workers, supervisors and managers are provided with minimum requirements to identify the needs of individuals, families and children requiring services, coordinate the delivery of services in an effective and efficient way and follow a consistent process in delivering services.

R8. That the Department of Family Services and Housing, along with the Child and Family Services Authorities (or the Standing Committee) work with the University of Manitoba, Faculty of Social Work, to expand the Social Work program to include more comprehensive education to Social Work students in the area of child and family services.

R9. That the Department of Family Services and Housing, along with the Child and Family Service Authorities, ensure that an Introduction/Orientation to Child and Family Services becomes a

mandatory training requirement for all new workers/supervisors/directors hired to provide services to children and families in the province.

R10. That the mandatory Introduction/Orientation to Child and Family Services training be developed in accordance with the service delivery requirements and processes identified in the Child and Family Services Standards Manual.

R11. That the Joint Training Unit, be given the responsibility for developing the mandatory Introduction/Orientation to Child and Family Services training.

R12. That the Joint Training Unit be adequately funded to develop a comprehensive training module, including a mentorship component, for newly hired staff in child and family service agencies in Manitoba.

R13. That all new workers/supervisors complete the mandatory Introduction/Orientation to Child and Family Services training, prior to assuming independent caseload responsibilities.

R14. That the Department of Family Services and Housing ensure that Child and Family Service Authorities are given adequate staff development funding to allow for comprehensive training in child and family service provision for all newly hired staff.

R15. That a modified "refresher" version of the above training be made available to all existing workers/supervisors/directors currently working in the child and family services system.

R16. That the Child and Family Service Authorities, through their quality assurance programs, develop a method to regularly review workloads and make diligent efforts to reduce the spread between existing caseload sizes and the recommended CWLA standards of workload.

R17. That the Child and Family Service Authorities review the operational budgets of Child and Family Service Agencies to ensure this budget is used to adequately fund and resource staff positions. Whenever possible, positions should be filled with qualified staff.

R18. That the Child and Family Service Authorities and Agencies review the current practice of workers carrying a combined caseload of families and children in care; and, wherever possible, restructure service delivery teams to create children's service workers for all children in long-term, temporary and permanent care.

Documentation, Case Notes and Record Keeping

In regards to case management standards, previous Section 4 death reviews have noted considerable concerns with the manner in which case documentation occurs. For the most part, documentation is absent, limited, lacking or incomplete. The Child and Family Service standards make note of the need for required documentation in most stages of the case management process. As in previous Section 4 death reviews, file documentation in this case was not adequate.

R19. That the Department of Family Services and Housing include a separate section on documentation and record keeping in the Child and Family Service Standards Manual, including assessment tools, report guidelines, formats and timelines.

R20. That the Child and Family Services Information System (CFSIS) and/or the Intake Module feature preset templates that include, but are not limited to, child and family assessments, risk assessments, service plans, quarterly reviews, progress evaluations and closing summaries.

R21. That the Joint Training Unit include training in documentation and record keeping in its Orientation/Introduction to Child and Family Services.

R22. That the training on documentation and record keeping be developed in accordance with the service delivery requirements and processes identified in the Child and Family Services Standards Manual.

R23. That the Child and Family Service Authorities and Agencies develop a policy on documentation and record keeping for all aspects of service delivery to children, families and care providers.

R24. That the Child and Family Service Authorities, along with representatives from workers, supervisors and directors of child and family service agencies in the province, establish a committee to review documentation requirements and develop guidelines and recording formats and outlines to ensure comprehensive and consistent documentation and record keeping throughout the child and family services system in the province.

The Child and Family Services Information System (CFSIS)/Intake Module

R25. That the Department of Family Services and Housing proceed to ensure that all Child and Family Service Agency's offices and sub offices, in the province of Manitoba, are connected to the CFSIS system.

R26. That the Department of Family Services and Housing establish province-wide direct access to both CFSIS and the Intake Module, while allowing for security measures, to all agencies providing child and family services in the province.

R27. That the Department of Family Services and Housing expand its CFSIS training program to ensure that all staff using CFSIS are adequately trained and understand the value of the information system. Training for newly hired staff should occur as part of their orientation to child and family service.

R28. That the Child and Family Service Authorities develop a policy to ensure that all Child and Family Service Agencies have effective and operative procedures in place to use CFSIS as a tool to track client information and case management tasks.

R29. That all Child and Family Service Agencies develop policies and procedures on CFSIS use, to ensure that wherever possible workers and supervisors are entering data and attaching documents to case files on CFSIS.

R30. That the Child and Family Service Agencies ensure that all case documentation is entered into CFSIS in a timely manner.

Extended Family as Places of Safety for Children in Care (Kinship Services).

The use of homes of extended family members, as a place of safety for children requiring out of home care is a logical choice for many children. The *Child and Family Services Act* defines a place of safety as any place used for the emergency temporary care and protection of a child. A place of safety can be used for up to 14 days unless the care provider applies to become a foster home for the child.

R31. That the Department of Family Services and Housing provide adequate funding for Child and Family Service Authorities and Agencies to establish a range of emergency and longer term placement resources for children in care. The funding model should be comparable to that for funding external organizations providing placement resources for children in care.

R32. That the Department of Family Services and Housing amend the Human Resource entry qualifications for Child Protection Workers to include Foster Care Resource Workers.

R33. That the Department of Family Services and Housing develop Human Resource entry qualifications for the hiring of Supervisors and Managers.

R34. That the Department of Family Services and Housing include in its DRAFT Place of Safety Standards (Aug 2007) a systematic process for assessing and evaluating place of safety applicants within a specific timeline.

R35. That the Department of Family Services and Housing include a section on Kinship Service Standards in its Child and Family Services Standards Manual. This should include Kinship services for children both in care and not in care.

R36. That the section on Kinship Service Standards include systematic and documented processes for searching and locating extended family, screening and assessing prospective extended family and decision-making regarding the approval or exclusion of the family to provide care to a child. Inherent in this standard should be the safety and well-being of the child.

R37. That the Child and Family Service Authorities ensure all child and family service agencies have internal policies and procedures for searching and locating extended family, assessing the

prospective extended family and decision-making regarding the approval or exclusion of a family to care for a child.

R38. That the Child and Family Service Agencies have internal policies and procedures that provide step by step guidelines for workers and supervisors in searching for, locating, screening, assessing, decision-making to approve or exclude, supporting and reviewing extended family homes in keeping with the requirements and timelines of the provincial Place of Safety Standards.

R39. That Child and Family Service Agency policies and procedures on approval/exclusion of places of safety include the use of a collaborative model of decision-making. Collaborative decision-making should be not limited to internal contacts but should also include representatives from external organizations, or the community, who have had connections with the prospective place of safety applicants.

R40. That the Child and Family Service Authorities and Agencies ensure that workers providing the services of searching for, locating, screening, assessing, participating in decision-making, supporting and reviewing family residences as places of safety or foster homes meet the same entry qualifications as child protection Field Staff (FS1&2).

R41. That the Child and Family Service Agencies ensure that Resource Workers/Foster Care Workers receive the same training that Child Protection Workers receive; either through internal training programs or through the Joint Training Unit.

R42. That the Child and Family Service Agencies ensure that, in addition to other training, Resource Workers/Foster Care Workers receive training specific to their duties and responsibilities prior to completing and signing foster home studies.

R43. That the Child and Family Service Agencies immediately move to ensure that Resource Workers/Foster Care Workers conduct an assessment on all place of safety applicants that have had prior contacts with a child and family services agency or any criminal involvement. The scope of the assessment should include a thorough examination of the issues that resulted in a

prior contact with a child and family services agency or criminal involvement. The results must be documented and discussed with a supervisor before approval of the home.

R44. That the Child and Family Service Agencies develop a policy on dealing with place of safety or foster home applicants who have a criminal record. The policy should include clear criteria for decision-making to approve or exclude the applicants.

R45. That the Child and Family Service Agencies develop a policy on dealing with place of safety or foster home applicants who have had prior child protection contact with a child and family service agency. The policy should include clear criteria for decision-making to approve or exclude the applicants.

R46. That the Child and Family Service Agencies ensure that all placement decisions give due consideration to the safety and well being of the children to be placed. Whenever possible, the child should be involved in decision-making regarding the placement.

R47. That any decision to move a child when there are no child protection concerns contain a written reason for this decision including reference to the impact on the child, the appropriateness of the move in accordance with the child's stage of development and the degree of attachment to the care giver.

Human Resources

Human Resources are critical to the successful operation of a child and family services agency. It is recommended:

R48. That the Child and Family Service Authorities develop staff performance appraisal tools that are linked to the knowledge and skills required to perform duties in accordance with the requirements of the Child and Family Service standards.

R49. That the Child and Family Service Authorities review all current job descriptions for workers/supervisors/directors and ensure that job responsibilities reflect the requirements for work performance as set out in the Child and Family Service standards.

R50. That the Department of Family Services and Housing proceed to include the minimum qualifications for a Child and Family Services Supervisor in the Human Resource section of the Child and Family Services Standards Manual.

R51. That the Child and Family Service Authorities and Agencies develop a Supervision Policy to clarify the goals, principles and good practice associated with supervision.

R52. That the Child and Family Service Authorities and Agencies develop a policy on supporting agency staff and foster parents in the event of an unexpected death of a client and ensure that all staff and foster parents are aware that this policy exists and that services are available to provide support to them.

R53. That the Child and Family Service Authorities and Agencies review the practice of out of town staff development events and develop protocols for ensuring that services to children and families are not compromised as a result of staff unavailability due to attending an out of town training event.

R54. That the Child and Family Service Agencies develop a policy on hiring practices, reporting lines and conflict resolution involving family members in the same office/Agency environment.

R55. That the Child and Family Service Agencies develop a policy on conflict resolution processes, including conflicts between coworkers, between workers and supervisors and between staff and management. Included in the policy should be an appeal process.

R56. That the Child and Family Service Agencies develop, or enhance, existing policies on disciplinary action procedures to address issues of favouritism and collusion in the workplace.

PART TWO – OPERATIONS REVIEW

Scope of the Review

The scope of the operations review included but was not limited to examining the operational issues at the Winnipeg Sub-Office that had direct bearing on this case. This included the following:

Governance

- Review of Board composition, Board functioning, Board policies, Board monitoring and oversight
- Review Board appointment process
- Review of Board relationship with Executive Director
- Communication with Chief and Council
- Board training
- Conflict of interest
- Conflict resolution policies and practices in the workplace
- Organizational structure, chain of command, work flow processes

Service Delivery – Foster Care

- File review (hard copy and electronic)
- Review of placement issues; placement resources for children, placement procedures
- Family placements, emergency placements, decision making, procedures
- Foster home and place of safety licensing procedures, assessments, compliance to relevant standards and regulations , work flow, supervision and monitoring of resources
- Review of structure of program, staffing, supervision, workload, and work flow

Human Resources

- Recruitment, hiring, discipline, termination, staff turnover, qualifications, retention
- Supporting and developing Human Resources
- Training needs
- Conflict of interest policies and procedures
- Adherence and monitoring of human resource policies
- Handling conflicts/grievances
- Roles/responsibilities for workers
- Compliance to workforce qualifications

Finance and Administration

- Review of financial practices and procedures and control systems (the scope did not include an audit)
- Review of management information systems, network, and security
- Use of the provincial Child and Family Services Applications Child and Family Services Information System (CFSIS) and the Intake Module (IM)
- Review of division of administrative duties

Management

- Management qualifications, decision making structures, approval procedures, relationships among management
- Role of the Executive Director

Methodology

The following method was used by the Vision Keepers – Quality Assurance Team in their review:

Interviews

- Current and former staff of Sagkeeng CFS Winnipeg Sub-Office
- Agency management
- Board members
- Foster parents
- Agency collaterals
- Chief and Council, CFS Portfolio Councillor
- Agency Director of Finance

File Reviews

- Human Resource files
- Foster Family files
- Case files of Gage Guimond and his family

Documents Review

- Board minutes
- Operational and strategic plan (requested but not available)
- Agency By-Laws
- Board Policy Manual
- Written service delivery model / program description of foster care program
- List of Agency managed foster homes with license expiry date
- List of Agency "Places of Safety"
- Foster care placement procedures
- Organizational chart
- Employee Policy Manual
- Current Agency training activities
- Workload / caseload ratios
- List of current staff qualifications

- Records of new staff hires reported to Southern Authority
- Records of new positions created by Agency
- Three Year Review, completed in 2005 (Internal Report)
- Six Year Review, completed in 2008 (Internal Report)
- Annual Audit
- Budget
- Financial Policy and Procedure Manual
- Current financial statements
- Resolution to appoint auditor
- Banking Documents
- Signing authority documents/resolutions
- General Ledger

SECTION ONE – AGENCY GOVERNANCE

Sagkeeng CFS Board of Directors

In July 2007, Sagkeeng CFS had a board of five members. In addition, a Chief and Council representative served as a non-voting member, and provided a link to the First Nation Government. All Board members were members of the Sagkeeng First Nation and brought a variety of skills and viewpoints to the table. Four of the Board members had been on the Board for almost three years, and one had less than one year experience.

Throughout this review process, the Board members demonstrated that they were very committed to their community, its families and children, and that they cared deeply for what happened to Gage. The Board continues to demonstrate a willingness to implement change, to cooperate in this process, and to take action to prevent another tragedy like the death of Gage Guimond.

Board Governance Process

"Governance process" refers to the manner in which a board of directors exercises its governance function within the organization and should be articulated in its by-laws and its board policies. The human resources and/or administrative policies that are used in the organization are not the same as the board policies.

The key policies required by an organization, which complement the by-laws, are:

- Policies that state the intended long term effects /outcomes that the organization is to achieve
- Policies about the governance process
- Policies about the board / executive director relationship
- Policies about executive limitations

The Board at Sagkeeng CFS does not have policies on articulated outcome or goal statements that provide direction to the Executive Director about expected results. Furthermore, the Board has not established ways to monitor progress and executive performance.

The following are policy examples of outcomes / intended long term effect statements:

- Children have a right to the highest level of care possible.
- Children in the care of the agency will only be placed in foster homes which have demonstrated to the agency that they will provide a safe and secure environment.
- All foster homes will be reviewed and approved in accordance with provincial and Authority standards, by qualified agency staff.

There is evidence that the following responsibilities and key duties expected of a board are not being effectively carried out by the Sagkeeng CFS Board:

- Overseeing and monitoring of the Agency activities
- Overseeing the performance of the Executive Director
- Audit committee responsibilities
- Policy direction given at regular Board meetings

Overall, the Board is unclear about its responsibilities regarding oversight and monitoring of the Agency and the Executive Director. According to interview responses on the matter of the death of Gage Guimond, the majority of Board members felt confident that, since Gage's death, the Board made decisions or created board policies to prevent the reoccurrence of a similar child death. Board members pointed to work done on the Board Policy Manual as an example but were unable to provide a concrete example of such a newly created Board policy. Although the draft Board Policy Manual does provide a basic foundation for the governing rules of the Agency, it does not contain policies which speak to standards of care expected of the Agency.

The majority of Board members reported that they have sufficient training to perform their duties, including training on the duties and responsibilities of a board. The review found that the Board is not working effectively, and that key board duties are not being carried out. This raises the question as to why the Board is not effective.

Given the Board's stated willingness and desire to be an effective board, additional mentoring and coaching for the Board would be of benefit. Such coaching could include the coach attending Board meetings; providing Board members with evaluations of their performance; coaching them on what

questions to ask and what reports to request of their Executive Director; and assisting them in developing effective Board policies. This would strengthen Board performance and overall effectiveness.

Conflict of Interest

First Nations agencies seek to employ qualified staff who are First Nations and understand First Nations family systems and communities. On reserve, the agencies operate in small communities. Off reserve, the agencies attempt to attract qualified staff that comes from the communities that they serve. Consequently, there are many instances where staff within an agency is related. This is accepted as a reality for the First Nations CFS agencies.

This can be managed with good conflict of interest and human resource policies and proper monitoring of these policies by both the board and agency management. When a family relationship exists between the executive director and staff in the agency, it is vital that the board actively monitor the hiring, supervision, promotion, and compensation of these individuals. This will help prevent favouritism and collusion.

The Sagkeeng CFS Board must establish policies that deal with relatives within the organization in general and relatives of the Executive Director in particular. Although Board members were aware that relatives of the Executive Director were employed at the Agency, they did not adequately monitor the conflict of interest of the Executive Director in the hiring and employment of relatives. Board members did not know whether a review on adherence to conflict of interest guidelines had ever been conducted.

A close relative of the Executive Director was first hired by the Agency as a Support Worker, moved to a position as Paralegal/Computer Technician Support, and then promoted to a social work position as Foster Resource Worker. At the time of Gage Guimond's death, this relative was in the Foster Resource position.

One Board member expressed concern that this relative of the Executive Director did not have the qualifications for fulfilling the duties of that position. The Sagkeeng CFS Employee Policy Manual (2006) states: *"...for those applying for employment in the field of social work (as opposed to administration) a minimum requirement shall be a Bachelor of Social Work Degree or an equivalent university degree in the social sciences from a duly accredited institution with field experience in child protection."*

Additionally, there are Workforce Qualifications Standards for front line mandated workers that agencies must adhere to. The Board did not request a report from the Executive Director whether Agency staff in general, and related staff in particular, met these standards.

By-Laws and Board Policy Manual

The Sagkeeng CFS By-Laws are not current and overlap and conflict with the Sagkeeng CFS Board Policy Manual which is also not current. The lack of clarity between these two fundamental governance documents creates confusion about the basic governing rules of the organization.

The Board has devoted much time and energy reviewing and revising their draft Board Policy Manual. The focus of the Board on this project might be a contributing factor to the finding that the Board has not properly carried out its oversight and monitoring responsibilities. One reason for the Board to have struggled with the draft manual for so long may be that it has been trying to resolve all board governance and administrative matters through a single policy document.

The draft Board Policy Manual includes many items which would normally be contained in by-laws (e.g. sections on membership, oath of confidentiality, conflict of interest, sub-committees and board duties). In addition, the policy manual contains administrative regulations and procedures on board matters such as honorariums and expenses, criminal and child abuse registry checks, orientation and board training, and performance evaluation of the Executive Director.

Although the draft By-Laws make reference to the Agency being incorporated under the *Corporations Act*, there needs to be a reference to the Agency's incorporation under statute, and its accountability to the Southern Authority under the *Child and Family Services Act* and *The Child and Family Services Authorities Act*. The By-Laws should also include a reference to the reporting requirements that the Board has to the Southern Authority.

Selection Process and Appointment of Board members

The process for the selection and appointment of Sagkeeng CFS Board members is unclear and inconsistent. Board members, Management, and Chief and Council had differing views on how Board members are selected and appointed.

The reviewers found that the Executive Director had direct involvement in the selection process of Board members. The Executive Director reports directly to the Board; it is inappropriate for this person to be involved in determining who will supervise their work. Board members did not express concerns about the Executive Director being involved in the Board selection and appointment process.

Board / Executive Director Relationship

The Sagkeeng CFS Board did not effectively monitor the work of the Executive Director. Regular performance reviews of the Executive Director did not occur.

Sagkeeng CFS Board members indicated that they understood their role was to deal with governance matters, and that the role of the Executive Director was to deal with administrative issues. The review found the Board did not address substantive governance issues and that there was no clear delineation between the role of the Executive Director and the role of the Board.

Board members indicated that regular verbal reports were received from the Executive Director, and that this provided evidence of achievement of expected results. The Board indicated that decisions were based on careful consideration without direct or indirect pressure from the Executive Director. However, concern was expressed that at times the Board appears to accept the Executive Director's views without further discussion.

Board's Role following the death of Gage Guimond

There is no record of an internal review of the circumstances leading to the death of the child in care (as per provincial standard 1.7.4 [10]) reported to the Board by the Executive Director. Draft Board minutes indicate that the Executive Director did advise the Board of the death of a child in care. Information from Board members and Board minutes indicates that this was a verbal report. There is no indication that the Board requested a briefing note from the Executive Director and an internal review on the death of the child in care was not completed by the Agency.

Executive limitation policies identify the behaviours, actions, and conditions that are not acceptable to the board. By defining only what is unacceptable, these policies avoid telling management how to manage. This keeps the board from micromanaging or meddling[5].

It is important that the board provides the executive director with clear policies and executive limitations as to what is expected. The Sagkeeng CFS Board did not have policies that set out the executive limitations placed on the Executive Director.

The review highlighted a number of areas where executive limitations, and monitoring of the Executive Director's compliance to these, was missing. Examples include:

- Potential conflict of interest
- Human resource policies on the hiring and employment of individuals related to the Executive Director and other staff
- Unresolved staff grievances / staff complaints against senior management

[5] Carver, J. "Board that Make a Difference – A New Design for Leadership in Nonprofit and Public Organizations". San Francisco: Jossey-Bass, 2006 (p. 375).

GOVERNANCE FINDINGS

- An amicable relationship exists between the Board and the Executive Director; however, the working relationship is not an effective one.

- The Board has not effectively carried out or exercised its responsibilities in monitoring the Agency. This includes the following:
  - Absence of policies on articulated outcome or goal statements that provide direction to the Executive Director about expected results
  - Lack of established ways to monitor progress and executive performance
  - Regular reviews of Executive Director performance were not done
  - Absence of policies that set out executive limitations
  - Inadequate monitoring of Agency compliance with policies (for ex., Agency Human Resource Policies; Conflict of Interest policies)

- The Board of Directors requires training in key governance areas, including:
  - Understanding of the delineation between the roles of the Executive Director and the Board
  - How to monitor executive performance while still allowing the executive director to manage the day to day operations

- The governance framework requires strengthening. This includes:
  - Recording of Board decisions and minutes
  - Revising Board By-Laws and Board Policy Manual
  - Written and established process for appointment of Board members

- The Board operates at arm's length from the Chief and Council.

RECOMMENDATIONS

OR1: It is recommended that the Southern Authority assign a Governance Coach to work with the Board to build Board capacity in the effective overseeing and monitoring of the Agency, and that it be mandatory for the Board to work with the Governance Coach.

OR2: It is recommended that the Agency assign an Administrative Support staff to act as administrative support to the Board and that this person be responsible for recording and maintaining the minutes and decisions of the Board.

OR3: It is recommended that the Board ratify their By-Laws by the end of the 2008 calendar year.

OR4: It is recommended that the By-Laws clarify the Agency's incorporation under statute and clarify the Board's accountability to the Southern Authority under the *Child and Family Services Act*.

OR5: It is recommended that the Board develop, review and approve the Board Policy Manual, including the executive limitations policies, by March 31, 2009.

OR6: It is recommended that the Authority provide assistance and support to the Board in their efforts to finalize their By-Laws and develop Board policies.

OR7: It is recommended that all CFS Authorities establish a foundational standard that sets minimum criteria for being a board member for a CFS agency.

OR8: It is recommended that the Service Purchase Agreements (SPA) signed between agencies and their CFS Authority include this standard. It is further recommended that the SPA includes a statement about the accountability that an agency board has to its mandating CFS Authority.

OR9: It is recommended that the Board review best practices from other agencies as it pertains to the process of board selection and appointments and incorporate such practices into their By-Laws.

OR10: It is recommended that the Board of Directors immediately appoint an Audit Committee to oversee the 2007/2008 agency audit. It is further recommended that this Audit Committee include at least one external person.

OR11: It is recommended that the current Board remain as the Board, conditional on their ongoing cooperation with the Southern Authority.

OR12: It is recommended that the Board be increased from five to seven Board members effective immediately.

OR13: It is recommended that the Board develop a self evaluation tool to regularly evaluate Board practices and its own performance.

OR14: It is recommended that mandatory and regular Board training be provided to CFS agency boards, and that resources are made available for this purpose.

OR15: It is recommended that Board training include training on governance, and building board capacity in overseeing and monitoring an agency.

OR16: It is recommended that the Board develop and incorporate policies into their Board Policy Manual which are specifically designed to guide the Agency's mission and goals and to monitor progress.

OR17: It is recommended that the Agency complete a three to five year Strategic Plan that is consistent with the Board's policies on outcomes.

OR18: It is recommended that the Board immediately develop the requirements for the Executive Director's reporting to the Board on compliance with the executive limitations policies.

OR19: It is recommended that training is provided for all agency executive directors on reporting to a board. It is further recommended that the Southern Authority develop standardized report formats that executive directors will use, at a minimum, in reporting to their boards.

OR20: It is recommended that the Board establish executive limitations policies for human resource management.

OR21: It is recommended that the executive limitations policies include a policy with respect to staff retreats, out of province travel, and coverage consistent with policies and directives from the Southern Authority.

OR22: It is recommended that the Board systematically monitor the Executive Director's job performance against expected job outputs.

OR23: It is recommended that the Board develop a tool to use in evaluating the Executive Director's performance, and that the Board complete the performance review on an annual basis.

OR24: It is recommended that the Board, in conjunction with the Southern Authority, review the classification and salary of the position of executive director.

OR25: It is recommended that the Board of Directors, jointly with the Southern Authority, review the hiring and employment terms of other individuals related to the Executive Director.

OR26: *Confidential recommendation related to a human resource matter*

OR27: *Confidential recommendation related to a human resource matter*

OR28: *Confidential recommendation related to a human resource matter*

OR29: *Confidential recommendation related to a human resource matter*

OR30: It is recommended that the Southern Authority, in consultation with agency board representatives, establish a protocol with CFS boards to address situations when the Southern Authority determines that an executive director should take a leave of absence or be dismissed.

OR31: It is recommended that the Board, in consultation with Chief and Council and the Southern Authority, establish a communication protocol to respond to community and media enquiries on Agency-related issues.

OR32: It is recommended that the Southern Authority, in consultation with its agencies, establish a reporting protocol / template for agencies to report on their activities to their Chiefs and Council, at minimum, on a quarterly basis.

SECTION TWO – RESOURCE PROGRAM (FOSTER CARE)

Background

The Resource Program at Sagkeeng CFS operates under the direction of the Resource Coordinator. The Resource Workers are the staff that carries out the functions related to the recruitment, assessment, licensing and support of foster homes, as well as other alternative care resources. Their responsibilities include:

- Recruiting foster families through a variety of means, including word of mouth, direct contact, media, posters, booths

- Providing information packages and orientation sessions to prospective foster families

- Arranging for, and conducting, orientation sessions for prospective foster families at Sagkeeng First Nation and in Winnipeg

- Completing foster home studies, including:
  - Criminal record checks
  - Child abuse registry checks
  - Prior contact checks
  - Reference checks, personal and medical
  - Completing the written foster home assessment

- Providing training for foster parents, including using external resources to do this

- Completing annual reviews of foster home licenses

- Completing places of safety (POS)

- Maintaining files

- Tracking statistical information

- Policy development
- Providing supports to front line workers and assisting in securing appropriate placements for children
- Participating in foster parent appeal process
- Following up on concerns / complaints about foster homes
- Referring allegations of abuse against a foster home to the Abuse Worker for investigation
- Providing foster families with their copy of the provincial Foster Parent Manual
- Completing file reviews every six months, using a detailed form to do this
- Issues management / resolution
- Participation on the Agency's special rate committee

In addition to the work associated with the coordination of the Resource Program, the Resource Coordinator is responsible for the coordination of all supports assigned to work with children and families. This includes recruitment, placement and support of homemakers, respite staff, drivers, volunteers, and child support workers. This responsibility involves screening and selecting appropriate casual employees who have passed successful background checks (conducted by the Resource Workers) and are qualified to work with families. Resource Workers keep a registry of support workers.

The Resource Workers schedule drivers and support workers according to requests received by front-line workers. Typically, it is common for a Resource Worker, on a daily basis, to respond to requests for drivers or support workers, to seek placements for children, and to have home-studies and license renewals underway.

Resource Workers are responsible to coordinate five spaces in the day care center at Sagkeeng First Nation. These spaces are purchased by the Agency.

The Resource Coordinator alternates between the Winnipeg Sub-Office and the Main Office at the Sagkeeng First Nation. This person directly supervises nine staff:

- 4 Resource Workers (2 in Winnipeg; 2 in Sagkeeng)
- 2 Support Workers
- 1 Cultural Worker
- 1 Activity Worker
- 1 Data Entry Clerk

The qualifications of the Resource Staff, as of June 2008, are as follows:

Resource Coordinator	BSW with 7 years of direct child welfare experience, including supervisory experience
3 Resource staff at Winnipeg	1- BA; now has one year direct experience. At the time of hire in January 2007, she had no prior direct child welfare experience and did not meet the Workforce Qualifications Standard. 1–BA (3 yr.) plus a Social Work diploma from Alberta; equivalent to 1 year direct - recently hired in March 2008 1 – BSW recently hired June 2008.
2 Resource staff at Sagkeeng	1 BA (advanced)with 4 years of CFS experience; 1 B.Ed with 3.5 years of CFS experience plus both have had core competency training

At the end of November 2007 Sagkeeng CFS reported the following:

Sagkeeng office		Winnipeg office	
# of licensed homes	51	# of licensed homes	26
# of licensed homes in rural area	12	# of licensed homes in rural area	7
# of homes used by Sagkeeng licensed by another agency	1	# of homes used by Sagkeeng licensed by another agency	27
# of homes in process of licensing	3	# of homes in process of licensing	14
# of places of safety	7	# of places of safety	32
# of homes on hold	3	# of homes on hold	0
Total	77	Total	106

Resource Program Processes and Workload

The responsibility of maintaining a competent and effective foster care resource program for an agency is challenging, time consuming, and critically important for the safety and well-being of children.

Combining foster care responsibilities with the coordination of support services makes it difficult for the Resource Program to operate an effective foster care program, particularly in the Winnipeg Sub-Office. The high workload of Resource Workers negatively affects the quality of work produced and the ability to respond quickly and effectively to foster home recruitment, licensing and support needs. This can compromise the quality of assessments and attention given to foster care, which is an integral resource for the Agency's children in care.

The Resource Department has created several forms to assist in the coordination and supervision of the foster care and support service program. These forms are kept in a binder for reference by the Resource

Workers. Additionally, hard copies of all forms are stored in an expandable folder, accessible for photocopying when needed.

Blank Place of Safety forms, pre-signed by the Executive Director, were found in the Resource Program binder, the expanding folder, and in some foster family files. All of the available pre-signed forms were photocopies. There did not appear to be a system of control about who made these photocopies and who was using them.

The executive director (or other designated senior manager) is required to review all Places of Safety before they are signed. The requirement for signature by various levels within an agency is done as a quality assurance procedure. Each person who signs off on the file must review the decisions made and ensure that all documentation is on the file. These procedures are in place as a means for agencies to take all steps possible to mitigate risks to children. The use of pre-signed place of safety forms by-passes these safety measures and increases risk to children.

Management stated that forms were pre-signed because places of safety are required in emergency situations and the Executive Director was not always available to sign the forms. Administrative convenience cannot come before child safety. The Executive Director could delegate this responsibility to another senior manager who would be available and who could do the necessary quality assurance checks prior to giving signed approval.

Having quality assurance procedures in place is critical for the foster home assessment and licensing process. Decisions made about a foster home application have direct bearing on the safety and well-being of children.

Management stated that there is an internal criminal outcome form that has been in use at the Winnipeg Sub-Office since 2006. This form is to be used when a criminal record check comes back indicating that the person has a record. The Reviewers found no evidence of such a form in use at the Winnipeg Sub-Office. This form was not used in the assessment of the homes used in the Gage Guimond case.

Management stated that when a criminal record check comes back indicating that a record exists, the Agency conducts an interview with the applicant as part of the internal risk assessment. There is no evidence that such an interview was done in this case.

The Agency has no written policies or procedures outlining what criteria to follow when deciding whether to allow someone with a criminal record, a child abuse registry listing, or prior contact record to provide care to a child. Staff does not have clear direction about procedures to follow in such cases. The Resource Coordinator makes these types of decisions without any written guidelines.

The Resource Program does not have clear guidelines, protocols, or procedures that deal with the assessment and approval of kinship homes.

Resource Program Staff Qualifications

Although the Resource Workers carry out duties under the CFS Act, the Agency did not designate them as front line mandated staff. The qualifications outlined in the Resource Worker job description do not meet the Workforce Qualifications Standard set out by the Southern Authority for front line mandated staff.

One of the most important factors in licensing a foster home is the completion of a home study. This is a detailed assessment of the family applying to become a licensed foster home. It includes a physical description of the home, references, background checks, and interviews with the potential foster parents. The conclusion of a home study recommends whether or not the home be licensed.

While the process involves the completion of a variety of forms, the decision to license a foster home also requires analysis and professional judgment by an experienced social worker. Workers require:

- Strong interviewing skills
- The ability to do critical thinking
- Strong analytical skills
- A good understanding of family dynamics
- Knowledge of why children come into care
- Ability to assess and understand the needs of children in care

These skills are gained through experience that an entry level social worker would not have.

The job description of the Resource Worker at Sagkeeng CFS does not include completion of home studies. It was evident through reviewing files and in interviews with the Resource Workers and Management that in practice, the Resource Workers are the ones who complete the home studies. It was also evident that the resource workers in the Winnipeg Sub-Office, based on their qualifications, were not qualified to conduct detailed home assessments.

Based on file documentation, the Resource Worker who was assigned to the files in the Gage Guimond case was closely related to the Executive Director. This individual had been promoted into the Resource Worker position in April, 2007 from a position as Paralegal / Computer Technician. This individual did not have prior training or experience in front line CFS work, but was assigned responsibility for the assessment of foster homes and the designations of places of safety. Critical information on the foster homes prior contact with the CFS system was not followed up, and was not included on the file. In one instance, a home that the Agency had previously not approved as a place of safety was, under this individual, given a place of safety designation.

The second Resource Worker was also closely related to the Executive Director. This employee had a Bachelor of Arts degree but no prior direct child and family services experience.

The current Resource Coordinator was newly appointed into the position in April, 2007. This person had been transferred from a front line supervisor position. In an attempt to address a potential conflict of interest situation, the former Resource Coordinator, also closely related to the Executive Director, was switched to a front line supervisor position. This change in management had a negative effect on the morale of the Agency staff.

Staff reported to the Reviewers that they attempted to bring concerns about the Resource Program forward to Management. In particular, staff stated that they did not have confidence in one of the resource program staff and in that person's ability to assess potential foster homes. They did not feel confident in placing children in homes that had been assessed by this worker. This was the same individual that assessed the homes in the Gage Guimond case.

File Review

Foster care files were reviewed at each office. Two separate samples of files were reviewed at the Winnipeg Sub-Office, one of which focused on the homes that had been assessed by the Resource Program staff involved in the Gage Guimond case. A third sample of files reviewed was from the Sagkeeng Main Office. In total, forty-seven files were reviewed, thirty-seven at the Winnipeg Sub-Office and ten at the Sagkeeng Main Office.

The files selected represented approximately 25% of total foster care files available (47 out of 183). Files at the Winnipeg Sub-Office were randomly pulled from each of the Resource Workers filing cabinets, where they were stored. These filing cabinets were in their offices. Files at the Sagkeeng Main Office were selected by staff and brought to the Reviewers. The files were selected based on categories of files, for example, licensed homes, places of safety and homes in the process of being licensed. A case list was provided and Reviewers ensured that an equal sample was collected from each Resource Worker.

The Resource Program staff at the Sagkeeng Main Office keep an updated spreadsheet that contains information with regards to the foster parent caseload, such as names and phone numbers of foster parents; license expiry date; stage of the licensing process; orientation requirements; foster home designation (for example, place of safety; emergency home; select foster home). This type of spreadsheet was not provided or observed to be in use at the Winnipeg Sub-Office. The Resource Coordinator confirmed that this type of spreadsheet was not in use at the Winnipeg Sub-Office.

Of the 47 files reviewed, 17 had formal documentation of contact with foster families in the form of social recordings or contact notes. All of the files had informal documentation of contact in the form of handwritten notes, letters sent to and from foster parents, and background checks signed by foster parents. Other documentation that showed worker contact with foster families was found in home studies and license renewals. The documentation did not indicate the type of contact (i.e. phone, home visit).

A child welfare agency has the responsibility to ensure that each foster home has a worker assigned to provide supervision and support. Sagkeeng CFS maintains case lists that identify key items on a

spreadsheet, including the name of the worker, but information about the Resource Worker responsible for overseeing the foster home is not readily evident when reviewing a physical file.

There is no consistent way of tracking if and when the file has changed workers or supervisors. It is evident only by observing the supervisor or worker signature on forms and documentation. There are no clear guidelines or consistency in who signs off on these forms. There were different signatures on different forms in the same file.

Of the files reviewed, seven files did not contain any type of recordings that would advise other staff about important information related to the foster home. The Agency has developed forms for such purposes. Consistent use of Agency developed forms, such as 'FYI's' or social recordings, can be beneficial for communicating information to new or covering workers.

Case summaries are another way of providing pertinent, at a glance, information about the file. Foster home case summaries were not found in any of the foster files reviewed and did not appear to be a tool used or developed by the Agency.

Foster file case review documents are created by the Agency and used as a supervision tool. The worker and supervisor go over each file and highlight what is outstanding and a follow up date is noted. It is not evident that this type of supervision occurs regularly and the date on which the actual review occurs is not captured on the form. It is not evident how follow up is conducted, as the form does not contain an overview of previous recommendations and subsequent follow up.

The Agency has checklists for Places of Safety and Foster Home files that are used by staff to track and provide quick information about an applicant and items that are requested and returned, such as background checks, references, and so on.

Evidence was found that some foster homes that were licensed, or approved as a place of safety did not have the appropriate prescribed documentation required for approval. These included the following:

- There were designated places of safety where the file did not have documentation to show that the required reference check was done

- There were licensed foster homes where the file did not have documentation to show that the required medical assessment had been completed
- A foster home application is one of the first official documents filled out by an applicant who wishes to operate a foster home, or who is currently operating under a place of safety; there were licensed foster homes where the file did not contain the foster home application.

During the review, staff reported that, in practice, not all documentation was submitted to the Executive Director for review prior to final approval for a Place of Safety designation, or approval of a foster home license. In some cases, where pre-signed place of safety forms were used, it is questionable if any documents were in fact reviewed by the Executive Director.

Forms and other recorded information on foster home files were not properly filled out, including not being dated or not signed by the appropriate persons. Examples include:

- Several documents did not have supervisor signatures and it was not known if, in fact, a supervisory review had been completed
- Other documents had a supervisor signature, but no worker signature
- Some documents were signed but not dated; these included places of safety, background checks, social recordings, and case reviews.

There were documents that had been signed, but no information had been filled out on the form. For example:

- Several releases of confidential information forms were signed by applicants without any information on the form to indicate what the applicant was agreeing to have released
- Places of safety were signed by applicants and approved by the Executive Director, with information on the form not filled out (for example, the child's name)
- Consent for background checks that had been filled out but did not appear to have been processed with no explanation provided.

In one file, there was more than one criminal record check processed for the same person. Different results came back to the Agency. There was no documentation to indicate that the Agency had followed up on this.

Information about the children placed in the home was not recorded in the foster home file. Placement history information of the foster home (number of children placed in the home, the length of stay, and the reason for moving) was not readily evident in files. Information about children placed in the homes was found mainly in place of safety agreements and license renewal documents. The information found in these documents included things like the name of the child, date of birth, date placed or moved from the home. Some social history information was found in one file, and information about children was found in several placement requests. The Agency stated that there is an assumption made that when a placement request is found in a foster family file, it is evidence that a child was placed in the home. There was no way to easily establish how many placements the foster family had or the length of each placement.

Documents in files are inconsistently, and often incorrectly, filed. There is a clear format (file key) developed by the Resource Program about how files are to be organized. It is the responsibility of the Resource Worker to create and maintain their files. Filing is an administrative function, and an added duty, that is put off when dealing with more pressing issues such as finding placements for children. Poorly organized files with missing documentation results in important case information not being communicated in a timely and consistent manner. This compromises the quality of work.

The foster home files contained incomplete information about situations where children had to be moved from the foster home. There is evidence that the Agency issues a letter to foster parents when they move children from the foster home. This letter was found in four files reviewed. Several files that were reviewed indicated that children were moved from the foster home for various reasons. Other files indicated that the children placed under emergency situations had come from a foster home. No letters to foster parents were found in these files. It is difficult to gauge how the agency deals with removals, appeals and complaints because little documentation is kept on files.

The Agency has developed a form titled "Foster Home Complaints"; a copy of the form was provided to the Reviewers. There is no clear definition of what constitutes a "complaint".

The Agency entered information on the Foster Care Management (FCM) files. Twenty-one files from the original sample were randomly selected for further review on CFSIS. Eighteen of these were entered on the CFSIS – FCM files. The FCM files were not updated and information entered was not complete. Information on the paper files appeared to be more current and contradicted information found on the FCM file. Some of the foster homes had transferred to Sagkeeng CFS as part of the AJI-CWI transfers. The FCM files had been maintained by the sending agency at the time of transfer.

RESOURCE PROGRAM FINDINGS

- The Agency does not use CFSIS to maintain an up to date registry of foster homes or as a case management tool. Foster homes are listed on CFSIS but files are not fully maintained on this system.

- Staff at the Sagkeeng Main Office maintains a manual foster home list with relevant information. There was no evidence of the same type of list being maintained at the Winnipeg Sub-Office.

- The Resource Workers carry a high workload. They carry a set of duties specific to foster care and another set of duties specific to support services. These are two separate functions. The Resource Program staff carries out Human Resource functions, which includes: recruiting, screening, conducting background checks, and hiring support workers. The Resource Program staff also carries out administrative duties. Resource Workers are responsible for the upkeep and storage of the foster family files that they manage, processing background checks, photocopying, filing, and scheduling appointments.

- The Supervisor to Worker ratio for the Resource Coordinator is high (1:9). The Resource Coordinator has a supervisory role with casual staff contracted to provide support services and transportation to families and children.

- Processing the criminal record check, the child abuse registry check, and the prior contact check is done by the Resource Worker. The decision to approve a place of safety or a foster home licence for a person with a criminal record or prior contact record is made by the Resource Coordinator.

- The Reviewers did not find any instance where the Agency had approved a place of safety or a foster home license for a person on the child abuse registry.

- The Resource Department does not have clear guidelines, protocols, or procedures that deal with the assessment and approval of kinship homes.

- The qualifications outlined in the Resource Worker job description do not meet the Workforce Qualifications Standard set out by the Southern Authority for front line mandated staff. Although the Resource Workers carry out duties under the *CFS Act*, the Agency did not designate them as front line mandated staff.

- There are many internal forms that are used in the Resource Program that appear to have been created by the Agency. Most of the forms appear to have been created to provide easy access to information (e.g. Checklists) and to use as a communication tool (e.g. FYI's). These forms are not used consistently from worker to worker, and were not found in all files.

- Evidence was found that some foster homes that were licensed, or approved as a place of safety did not have the appropriate prescribed documentation required for approval.

- Forms and other recorded information on foster home files were not properly filled out, including not being dated or not signed by the appropriate persons.

- Information about the children placed in the home was not recorded in the foster home file. Placement history information of the foster home (number of children placed in the home, the length of stay, and the reason for moving) was not readily evident in files. The foster home files contained incomplete information about situations where children had to be moved from the foster home.

RECOMMENDATIONS

OR33: It is recommended that the Province take steps to strengthen the Alternative Care/Foster Care Program within agencies. There are capacity issues facing agencies that lead to weak service delivery for this crucial component of an agency's services. These include: workload, staffing, qualifications, backlogs of licensing / renewals, contact with the foster home, maintaining complete and accurate files, and seeing children in the home on a regular basis. Increased advocacy is needed for children within the agency, to provide additional review and overseeing of placement moves, case plans, to mediate conflicts between workers / foster families that often lead to children being moved. More capacity is needed in emergency placements, so that children are not left in quickly and poorly assessed places of safety, and so that children in emergency beds are properly moved to a longer term resource. Additional support should be available for agencies to contract home assessments. These contract staff will assist in keeping licenses current, and can be used to help mentor new workers.

OR34: It is recommended that the Resource Program be restructured to separate the functions of the foster care program from that of the support service program.

OR35: It is recommended that the Resource Coordinator supervises only the foster care program staff. This will bring the ratio of supervisor to workers closer to the acceptable standard.

OR36: It is recommended that the Agency immediately stop the practice of using pre-signed forms for any documents that require supervisory / executive signature for approval (e.g. Places of Safety).

OR37: It is recommended that the Agency procedures include providing the complete file to the person responsible for approving the foster home license or place of safety, and that all documentation is reviewed prior to signing.

OR38: It is recommended that the Agency develop policies and procedures for cases where a criminal record, prior contact or abuse registry record exists for foster home applicants and for support workers. This policy is to identify the circumstances under which such homes may be used by the Agency. The policy is to include the requirement that senior management sign off in such cases. Clear documentation is to be kept on file.

OR39: It is recommended that the job description of the Resource Worker be revised to accurately reflect the duties of the Resource Worker.

OR40: It is recommended that the Southern Authority ensure that all staff in Foster Care / Alternative Care programs / departments, that assess foster homes as part of their duties under the CFS Act, meet the Workforce Qualifications Standard for front line mandated workers.

OR41: It is recommended that the Agency develop a formal system of documenting contact with foster families and that all relevant information (meetings, telephone calls and home visits) is documented and placed in the file.

OR42: It is recommended that the Resource Workers, when doing a home visit to a foster home, physically see any child in care in the home at the time. The Agency has recently developed face to face contact sheets; it is recommended that the Agency require Resource Workers to complete these.

OR43: It is recommended that the Agency immediately train the Resource Program staff to fully utilize the Foster Care Management capacity in CFSIS. It is further recommended that the Agency immediately enters and updates all foster home files on CFSIS and implements procedures to ensure that FCM- CFSIS is used on a regular basis to manage foster homes.

OR44: It is recommended that the Agency ensures that all prescribed forms for the licensing of foster homes or for a place of safety designation are properly completed and that the steps to approve a foster home license or a place of safety include a review by the Resource Coordinator and the Executive Director.

OR45: It is recommended that the staffing of the Resource Program include an administrative support position.

OR46: It is recommended that the Agency ensure that staff complies with the foster parent appeal regulation.

OR47: It is recommended that the Agency develops procedures to deal with foster parent complaints and that documentation of these complaints is kept on the foster home file, including information about how the complaint was resolved.

OR48: It is recommended that the Southern Authority, jointly with its agencies, audit all places of safety and ensure that they meet the provincial standards.

OR49: It is recommended that the Agency ensure that there is 100% compliance with completion of criminal record checks, child abuse registry checks, and prior contact checks on all active foster homes and all places of safety.

OR50: It is recommended that the Southern Authority develop standards for the kinship care/family placements and that training is provided to all agencies on this standard.

OR51: It is recommended that the Southern Authority, together with the Agency, conduct a comprehensive file audit of all case files, including children in care, protection, foster home files, and abuse files.

SECTION THREE – HUMAN RESOURCES

Background

The Agency has an overall staff of approximately fifty people. In addition, the Agency uses contract employees to provide a variety of services, such as homemakers, respite, and child support staff. The Agency has two office sites – the main office at the Sagkeeng First Nation and the Winnipeg Sub-Office located on McPhillips Street in the Garden City area of the city. There is some staff whose job duties require them to divide their time between the two office sites.

Human Resources Program

Funding received by the Agency does not provide for a human resource coordinator as part of the executive core. It is vital that an agency has a human resource professional qualified to do the job. This person should be a graduate of a recognized University or College with a degree or certificate in human resources. This should be complemented with several years experience around the following:

- recruitment/retention
- employee relations
- health and safety
- compensations and benefits
- strategic planning
- policy and procedures
- training and development

Agencies should require the individual to have their Canadian Human Resource Professional designation (or, in the case of existing staff, build in that they plan to obtain this). The human resource staff should be a member of the Manitoba Human Resources Management Association. This will ensure that the person is a professionally trained human resource person and that they adhere to a code of ethics laid out by the profession and the Association.

Human resource professionals are integral to an organization and contribute to the welfare of an organization. This includes employee morale, establishing sound human resource policies and procedures and defending human and labour rights.

It is imperative that the human resource professional be at the management table and in a position to make leadership decisions. Staff is a critical element in ensuring child safety and well-being. The biggest expenditure of any CFS agency is staffing. It is the human resource professional who is responsible for bringing issues regarding qualifications, conflicts of interest, or employee morale to the management table. They cannot join together with management if there are questionable practices occurring. It is the responsibility of the human resource professional to make management, the board of directors and the mandating authority aware of the issues that could endanger children and bring the agency into disrepute. They need to be free to do this without fear of retribution or loss of employment.

Sagkeeng CFS created the position of Human Resource Coordinator. This position was filled in April 2007. The position is part of the Management team at the Agency and was created as a result of recommendations made in the Agency's Three Year Review. Key duties of a human resource position were highlighted in the report, and it appears that the Agency used these highlights to create a job description for the position. The Agency is to be commended for implementing this recommendation.

It is apparent that the individual hired for this position has made significant improvements in the organization of personnel files and documents. The individual hired is a social worker with a BSW degree and many years of child welfare experience, including in management. Being in a senior management position at another CFS agency, this individual was involved in hiring, discipline, firing, creating job descriptions, documenting interventions with job performance, and human resource policy development.

This review identified a number of instances where human resource issues were not dealt with in an appropriate manner by the agency. These included:

- The supervisor's concerns about the competency of Resource Program staff
- Complaints from staff about favouritism
- Grievance from staff about the qualifications, experience, and performance of a supervisor

- Conflict of interest situations
- The Agency not being in compliance with the Workforce Qualifications Standard

It should be noted that the Human Resource (HR) Coordinator began employment on April 2/2007. Following the death of Gage Guimond, the HR Coordinator was assigned additional duties as a front line supervisor on an interim basis. This assignment interfered with the ability to respond to and effectively manage human resources issues within the Agency. A human resource coordinator devoted full time to human resource management is better able to address human resource issues more effectively. In May 2008, the HR Coordinator returned to full time duties as the HR Coordinator.

Recruitment and Hiring

The Agency has detailed recruitment and hiring processes described in the Employee Policy Manual. The policy reads that when the Agency recruits for a position, a notice is displayed *'in a prominent place or places on the Sagkeeng First Nation'*. If this does not generate a potential candidate, the policy indicates that an advertisement will be published in a newspaper with province-wide circulation. The policy describes what type of information is included in the advertisement. The highlights include qualifications for social work positions requiring at minimum a Bachelor of Social Work or an equivalent University degree in the social sciences from a duly accredited institution complemented with field experience in child protection. Selection practices of the Agency emphasize preference is given to the hiring of Aboriginal people.

Policies and procedures that describe specific human resource activities, such as internal hiring, promotions and transfers should complement the conflict of interest policy regarding friends and relatives. This helps to guard against the stigma of favouritism and nepotism. The interview and selection process, copy of job posting, and if applicable, documentation of any conflict of interest should be documented and placed in the candidate's recruitment file. When an employee leaves the agency, exit information should also be documented in the employee file.

In the interviews, staff was asked to describe the process for recruitment, selection, promotions and transfers practiced at the agency.

External Postings

Staff indicated external postings are posted as described in the Employee Policy Manual. A committee consisting of the Executive Director, the Assistant Executive Director, the Human Resource Manager, and the Supervisor for the position advertised, screens applicants and selects candidates to be interviewed. The same committee conducts the interviews using pre-established questions, taking notes during the interviews. Once the interviews are complete, the interview committee meets to discuss their individual interview results and a decision to hire is based on that discussion. A numerical score is not calculated. The decision to hire the candidate and notes taken by the interview committee during the interviews are not documented or kept on file.

Management described the hiring process as one that includes a step for interview committee members, who verbally declare a conflict of interest with a candidate, to withdraw from the interview process. This withdrawal automatically gives the candidate 75% of the total score possible. According to this description, the interviews are weighted and the candidate with the highest amount of points is offered the position.

Another process described by staff is that if someone needed to withdraw from the interview committee, the candidate's total points are divided by the number of people remaining.

Based on the interviews with Management and staff, there is no consistent interview/selection process in place.

Internal Postings/Promotions/Transfers

Management explained that when a position becomes vacant, they will determine if there are any current employees qualified to fill this position. If someone is identified, they are approached and offered the position. Management also indicated that internal job vacancies are posted at the Sagkeeng Main Office and the Winnipeg Sub-Office.

Management stated that in some circumstances it is necessary to request that an employee be transferred from one office to another. According to Management, this is based on the identified needs of the respective office. Management cited two examples:

- Management determined that an Intake Worker needed more child welfare experience. The worker was transferred from the Sagkeeng Main Office to the Winnipeg Sub-Office to a position as a front-line worker.
- Management determined that a Supervisor at the Winnipeg Sub-Office was needed at the Sagkeeng Main Office and that direction was given to this Supervisor to relocate to the Main Office.

In these two examples, one employee agreed to the transfer, while the other employee did not agree and subsequently resigned. In the second example, the scenario was viewed quite differently by staff.

Management stated that when a request is made for an employee to transfer to another office, incentives may be offered. An example provided was that the employee was moved up one level on the pay scale.

When staff leaves the agency, specific information about the reasons for leaving is not documented. The Agency stated that informal discussions are held with exiting staff. Formal exit interviews and questionnaires are not conducted as indicated by Management.

When asked about staff turnover, Agency Management indicated that staff left the Agency as a result of receiving higher wage offers at other agencies. Staff that had left the Agency and who were interviewed during this review were asked why they had left Sagkeeng CFS. The common responses were that they had left due to a lack of confidence in how Management made decisions and resolved conflicts.

Grievances and Complaints

The Employee Policy Manual provides detailed steps for appeals and grievances about decisions made by the Executive Director or others. There is a section in the policy manual that describes *'Personnel issues'*. Here, issues that are personnel related are to be dealt with exclusively by the Executive Director, and the employee with the issue is not to be *'made to suffer any consequences as a result of having made a complaint....'*

Agency practice demonstrated that this policy is not followed. In the interviews with the staff, it was consistently stated that the Assistant Executive Director was assigned to deal with issues of this nature. The Executive Director was described as someone who was not visible in day to day staff issues at the Winnipeg Sub-Office. The Assistant Executive Director was described as the person who was assigned by the Executive Director to deal with staff issues.

Several examples were provided throughout the course of the review where staff morale was affected because staff felt that they had no where to turn to with their complaint or where the Agency's policy was not followed. The Employee Policy Manual does not have a clear policy that describes how to address complaints or how to resolve inter-office conflict.

An example of how Management attempted to resolve a complaint involves a letter from front line staff raising concerns about their direct Supervisor. Staff was directed to address their concerns directly with the Supervisor and then to report back to Management. One of the front line staff was reminded that she was to mentor her Supervisor. This direction did not take into account the power differential that exists between staff and their direct supervisor. Management had a responsibility to address the concerns with the Supervisor.

Staff reported that they were unable or unwilling to bring forward complaints about people who were related to the management staff. They felt they would not be supported. In particular, there were many concerns raised by the staff about relatives of the Executive Director. Throughout the interviews, staff expressed that they feared reprisal, such as the loss of their job. Staff stated that they did not know who they could trust.

There is evidence that in this type of environment staff alienate themselves because they do not have a safe avenue to express their concerns. This further cultivates distrust and suspicion. These conditions often give rise to the growth of speculation and gossip which can result in a toxic work environment[6].

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[6] Brown, Lynn. *TLOMA Today. January 2004.*

Frost, Peter J. Toxic Emotions at Work: How Compassionate Managers Handle Pain and Conflict. Harvard Business Press. 2003.

Hodson, Randy Dignity at Work. Cambridge University Press. 2001.

Ashkanasy, Neal; Zerbe, Charmine E.; Hartel, J. Managing Emotions in the Workplace. 2002.

The Human Resource Coordinator stated that none of these concerns had been brought to her attention. Supervisory staff stated that they were aware of some concerns about this individual's behaviour, but that they were not made aware of the extent of the complaints and concerns. Further, supervisory staff stated that the concerns that were brought to their attention were addressed.

In a CFS agency, this type of environment can have a detrimental effect on services and the safety of children. Staff communication and the sharing of information are hampered. It is here where human resources need to take a lead role to ensure the best interests of the organization and the employees are protected. It is the responsibility of the human resource department to ensure that the morale of employees and the wellness of the organization are monitored and addressed when issues are brought forward. They need to clearly define and adhere to policy, procedures and processes that staff can follow when they have a complaint or a conflict with another employee. It is important that staff see human resources as a place they can go in confidence.

Conflict of Interest

The recruitment and hiring section of the Employee Policy Manual states:

> *Any employee whose spouse or immediate family member (as hereinbefore defined) applies for employment with the Agency:*
>
> *a) Shall forth with declare to his or her supervisor (or if the employee is a supervisor, to the Executive Director) the relationship which such employee has with the applicant;*
>
> *b) Shall withdraw from all aspects of decision making with respect to such application.*

This policy does not specifically address the Executive Director in relation to declaring a conflict of interest during the hiring process. The personnel file of one of the close relatives of the Executive Director contained the following documents which were all signed by the Executive Director:

- Letter of Offer
- Letter of Promotion
- Notices of salary levels and increases

A review of the personnel files of other staff closely related to the Executive Director did not indicate the process by which they had been hired. There was a lack of documentation at the Agency regarding this matter. The Executive Director's signature was found on a number of documents in these files, such as letters of hire, letters of promotion, and notices of salary levels and increases.

A human resource professional assumes the lead role to ensure that conflict of interest policy is upheld. This promotes transparency and protects management from undue scrutiny and allegations or accusations about nepotism and favouritism.

There is a section in the Employee Policy Manual (2006), titled *'Conflict of Interest'* (pages 54 to 55). This section highlights policies about areas of conflict of interest related to:

- Any business interaction that involves the Agency and may result in personal gain for an employee or their immediate family members

  This section specifies that the conflict of interest must be declared to the Board, if the Executive Director is the one who has a conflict of interest. It describes how the Executive Director can seek the resignation of the employee who declares the conflict of interest, if it affects their job performance, or if the transaction is long-standing or on-going.

- Politics: standing in an election, involvement with political organizations, family members with political influence, involvement in other community agencies or organizations

  This section states that an employee is immediately considered to be on leave without pay if they are nominated and stand in a Band election. If elected, the employment of that person is deemed terminated. Other than standing in a Band election, no employee is to become politically involved at the Band level. If an employee or their immediate family members has political influence or affiliations they shall not use this influence to affect any agency decision in any matter or context. If the employee becomes involved in another community agency or organization and claims that it is not political, and the Executive Director claims that it is, the Executive Director can ask the employee to cease their involvement as a condition of continued employment (page 54).

- Written disclosure to the Executive Director where an employee believes they may be in a conflict of interest, where a member of Sagkeeng First Nation believes and reports that an employee may be in a conflict of interest.

  This section states that *"...where an employee believes that he/she may be in a conflict of interest, or where any person alleges that an employee is in a conflict of interest, the employee shall immediately in writing to the Executive Director all relevant information (sic), including details of all actions taken by the employee..."* Further, it is stated *"...where a member of the Sagkeeng First Nation community raises to the Agency a concern that an employee is or may be in a conflict of interest, the employee receiving such report shall forthwith inform the Executive Director and shall provide to the Executive Director all details of the report so received."* And, *"... where an employee has a concern that another employee of the Agency is or may be in a conflict of interest, such employee shall forthwith notify his/her supervisor of the concern and the facts giving rise to concern..."* (page 55).

- Policy on Agency staff accepting honoraria or remuneration in the course of representing the Agency, using Agency funds to support a political organization, employees using information gained from being employed by the Agency to their benefit or advancement and employees becoming involved in decisions or treatment plans affecting their family members.

  The policy states that *"...employees who are representing the agency shall not accept remuneration or honoraria"*. If it is accepted it is to be turned over to the Agency as Agency property. The policy states *that "...under no circumstance may agency funds be committed to any political organization or for any political purpose at any political level."* Employees cannot use *"...information gained in the course of his or her employment for personal benefit or advancement of any immediate family member, or for any purpose other than the purpose for which the information was imparted to such employee... Under no circumstance shall any employee become involved in any way directly or indirectly, in any decision or treatment plan affecting his or her own family members."* (page 55)

There is a conflict of interest policy found in the draft Board Policy Manual. The policy provides guidelines for Board Members in relation to:

- Being impartial when making decisions for the Agency
- Dealing with grievances between Board members
- Board members standing in elections
- Board members fostering for the Agency
- Allegations of child abuse and family violence against a Board member
- Board members involved in decisions regarding their family members
- Board members applying for employment with the Agency
- Board members providing letters of reference or support for individuals involved with the Agency

There is information about conflict of interest provided in the Agency's orientation package. This package is provided to new staff. The information given in this package defines a conflict of interest situation. It provides examples of situations that staff should avoid, and refers to the Employee Policy Manual for procedures on reporting a conflict of interest.

The Employee Policy Manual directs staff to declare a conflict of interest at the time of recruitment and hiring, if they are related to the applicant. Once declared, the employee does not participate in any part of the hiring process or decision making. The policy does not speak to supervision, discipline, or conflict resolution in the event of a conflict of interest.

In the absence of any documentation, there is no evidence to determine if the Agency is adhering to the process. Written declarations of conflict of interest and important recruitment and hiring information were not found on any file.

In the interview with the Executive Director, he stated that declarations of conflict of interest are not formally done. Rather it is an informal procedure where everyone knows who is related and they act accordingly. This informal procedure does not provide any protection or concrete evidence that the Agency is managing their potential conflict of interest situations.

The staff interviews which were conducted as part of the review identified conflict of interest situations and relatives working together as an issue in the Agency that is not well managed, resolved, or dealt with by Agency Management.

Salaries

It is not evident what process the Agency uses in determining appropriate placement on the provincial pay scale and how that is done. Salary amounts and positions on the pay scale are identified in employee's letter of offer. Sagkeeng CFS pays salaries based on the provincial pay scale. A review of salaries at the Winnipeg Sub-Office found that there was no clear process for determining where an individual was appropriately placed on the scale. There was no evidence regarding guidelines or criteria used by the Agency to classify the positions.

Staff Organization

The Agency staff is organized in two offices: Sagkeeng Main Office and the Winnipeg Sub-Office. The review found that the Agency would benefit from a review of all staff functions and possible regrouping and reorganizing of how these functions are carried out within the Agency.

The Resource Program is responsible for alternative care, including recruiting, licensing, and supporting foster homes. It provides orientation and coordinates training for foster parents and assists front line workers in finding appropriate foster homes and emergency placements for children.

In addition, the Resource Program has the responsibility of the coordinating the family support program. This involves the screening and coordination of family support workers such as parent aides, homemakers, respite workers, drivers, and volunteers.

These two programs operate in both offices. The Resource Coordinator position is shared by the two offices and directly supervises nine staff. This is an unrealistic workload for both the Resource Coordinator and the Resource Workers.

As of May 2008, the agency had 275 children in care with foster homes located over a wide geographic area. The demands for alternative care resources are significant. Assigning the duties of the family

support program to this unit is not a particularly good fit and detracts from the Resource Department's key functions of recruiting, licensing, and supporting foster homes and alternative care resources.

Human Resource File Audits

It is evident that the Human Resource Coordinator has made significant gains in organizing the Agency's human resource files and ensuring that appropriate employee information is kept on file. The review of the human resource files showed vital documents were not being kept on the files. Some examples include:

- A copy of the job or competition advertisement as evidence that the position was posted
- Interview information
- Documentation on how the candidate was selected (i.e. interview committee recommendations)
- Declarations of conflict of interest
- Signed statements acknowledging receipt and understanding of the Agency Employee Policy Manual
- Exit information

Including these documents in the file helps to ensure transparency and fairness in the hiring process and can eliminate the perception of favouritism or nepotism.

Staff Qualifications

Agency policy states that "...for those applying for employment in the field of social work (as opposed to administration) a minimum requirement shall be a Bachelor of Social Work Degree or an equivalent university degree in the social sciences from a duly accredited institution with field experience in child protection." The agency did not adhere to its policy.

The Southern Authority has a Workforce Qualifications Standard for front line mandated workers. This standard requires agencies to submit a 'Notice of new hire' for all front line mandated positions. Sagkeeng CFS was not consistently in compliance with the Workforce Qualifications Standard.

During the course of this review, the notices of new hires were brought up to date and the Agency has been submitting them with each new hire.

If the qualifications of a staff person are brought into question and they are not in fact qualified, there should be a mechanism in place to either rectify the lack of training or have the person removed from the position. The recruitment policy must be clear in determining and stating qualifications in external and internal hiring processes. All positions should have a minimum requirement which should be explained in all job postings and job descriptions. This posting should be part of the employee's personnel file. The job descriptions should be updated on a yearly basis in the performance review cycle.

Employee Assistance Program (EAP)

The Agency does not have a formal EAP program in place that is separate from or part of the benefits package offered to employees. Child and family services staff operates in a stressful environment. An employee assistance plan is beneficial to assist employees in managing this stress. It is important for an agency to ensure that staff has an avenue or the opportunity to receive counselling from an Elder or other professional counsellors.

Following Gage's death, two Elders were available to staff at both the Winnipeg Sub-Office and the Sagkeeng Main Office. These arrangements were short term, arranged jointly by the Southern Authority and the Agency.

At the Winnipeg Sub-Office, staff was asked to come to the Board room and was informed that Elders would be available. A sharing circle was held and staff was given the opportunity to attend. Staff was offered the opportunity to meet individually with the Elders or take advantage of both options.

At the Sagkeeng Main Office, staff gathered at one location after receiving prior notice that Elders would be available.

Some staff reported that they were not told about this. Others reported that they knew the Elders were there, but they were not aware that they could participate or they did not have the time or opportunity to take advantage of this.

Staff Retreat

In July 2007, the Agency staff went on a staff retreat to Calgary, Alberta. The retreat was mandatory and staff was gone for one week. There is evidence that some staff objected to Management about this. It was during this week that Gage suffered the injuries that led to his death.

Staff who had been with the Agency for six months or less had to remain behind to provide coverage. Thirteen staff was available to provide services. In Winnipeg, this included 3 front line workers and 1 Case Supervisor, making it difficult for the Agency to provide even emergency services. The positions and qualifications of those staff were as follows:

Winnipeg Sub-Office	Sagkeeng Main Office
1 Supervisor (BSW, 3 ½ months CFS experience)	1 Supervisor (B.A., with 6 years CFS experience)
1 HR Coordinator (BSW, 16 years CFS experience)	1 Front line worker (8 years experience)
3 Front line workers (1 BA with 2 yr. experience; 1 BSW with 4 yrs. CFS experience; 1 with 10 yrs experience and 1 year short of completing BSW)	1 Abuse worker (M.A., 3 months experience)
1 Resource worker (B.A. with 4 months experience)	1 Admin support
1 Cultural worker	
1 Activity worker	
1 Family support worker	

Management was aware that the supervisor left in charge of the Winnipeg Sub-Office during this week was inexperienced and overwhelmed. They were aware of the concerns raised by staff about the competence and lack of child welfare knowledge and experience of this supervisor.

Staff advised that while in Calgary, they listened to a couple of speakers, played games and went shopping. There was no conference or other venue going on in Calgary that the Agency was participating in. Staff stated that one of the speakers at the retreat was brought in from Winnipeg.

The Agency advised that the retreat included workshops and team building/ staff development exercises. There were two days of structured activities. Staff was also given some time for unstructured activities with each other.

During interviews, staff raised the concern that this retreat was costly. Questions were raised about how the agency could pay for this when social worker requests for money for programs and services were rejected with a *'there is no money'* response. Board minutes indicate that the Executive Director informed the Board that he was taking staff on the retreat and that this was a common practice. Management advised that no Board members went on the retreat. Partners/spouses did not attend. The total cost of the retreat was $45,362.26. This included travel, meals, accommodation, and facilitator costs for 5 days.

When the Executive Director was asked about the decision to have a staff retreat, he stated that an out of province staff retreat every two years was a long standing practice that predated his appointment as Executive Director.

When asked about the decision to have the retreat in Calgary, the Executive Director stated that decisions about the location and planning for the retreat are made by a committee who meets and plans for this event over the course of one year. The Executive Director stated that the practice of having an out of province retreat will cease. He stated that it was too difficult to get staff to participate in planned activities and to keep track of their whereabouts, particularly the younger staff.

Education and Training

In the interviews with staff, it was evident that the Agency utilizes and sends staff to training offered by the Joint Training Unit as well as the Core Competency training. The Agency participates in programs offered through the University of Manitoba, the BSW cohort and the Aboriginal CFS Diploma program. Staff appeared to be aware that funding was available for training on a per staff basis, but they were not clear as to how this was allocated or monitored.

The BSW cohort training is offered by the University of Manitoba and is subject to tuition payments. Staff identified that there was confusion over who would pay the tuition costs. Staff stated that they were led to believe that the Agency would pay these costs from its training dollars. When the cohort started, and tuition payments became due, two of the staff found out that their tuition payments were not being covered by the Agency. They were told to seek sponsorship from their First Nation Education Authority. By this time, it was too late to seek sponsorship from their First Nation, and so two of the staff made a decision to withdraw from the program.

During the course of the review, it was found that the third person who had applied for the cohort was a close relative of the Executive Director, who was in fact attending the cohort. Management confirmed that the Executive Director instructed Finance to pay the tuition costs of this relative. The Agency Finance Administrator confirmed that the tuition costs were paid by the Agency. This person withdrew from the cohort after the initial sessions and repaid the Agency.

Employment of close relative of the Executive Director

This relative has been employed at Sagkeeng CFS since July 20, 2004 and began employment as a support worker, then moved into a position as Para Legal / Computer Technician (IT-CFSIS clerk), and finally into the position of Resource Worker in April 2007. The job descriptions for these positions did not state the qualifications required. This individual has a Grade 12 education, did not hold a diploma or any type of certificate specific to front line CFS work, and did not have training in computers or legal administration. The individual did not have any direct CFS experience when moved into the position of Resource Worker and did not meet the Workforce Qualifications Standard for a front line mandated worker.

The Paralegal/Computer Technician position was newly created and this individual was the first employee to be offered the position. There is no documentation that this position was advertised. The employee file does not document how this person participated in a competition for this position. A letter on the employee file indicates that this employee was being placed into a newly created position. This letter is signed by the Executive Director.

The Agency stated that they did not consider the Resource Workers as front line mandated workers. The reviewers note, however, that the assessment and licensing of foster homes is a duty under the CFS Act and is governed by statute and regulation.

In late June 2007, the Executive Director was questioned about this employee's position in the Resource Program. He was made aware that the individual did not meet the Workforce Qualifications Standard for a social work position. He stated that this staff person did not assess foster homes and did not carry out social work duties, but was responsible for recruiting new foster homes and assisting with the orientation. When asked, he provided a job description that described the duties of the Resource Worker. This description was consistent with his explanation. The Executive Director advised that he was not involved in the supervision of this employee or in any matters concerning job performance. Those matters were dealt with by the employee's supervisor, the Resource Coordinator, and by the Assistant Executive Director.

In July 2007, following the death of Gage Guimond, as Agency files were being reviewed, it became evident that the this individual had, in fact, been carrying out social work duties, including assessing homes, prior to the discussion with the Executive Director in June 2007. It also became evident that the individual was the staff person involved in the assessments and place of safety reviews for the three placements of Gage following the removal from the initial foster home.

HUMAN RESOURCE FINDINGS

- The Agency's Employee Policy Manual does not describe internal hiring/promotion processes, nor does it describe processes for internal transfers or appointments of staff into new positions. This section of policy does not refer to the Workforce Qualifications Standard. The Employee Policy Manual does not have a clear policy that describes how to address complaints or how to resolve inter-office conflict.

- In the documents reviewed, there is more than one definition or policy relating to the term, 'Conflict of Interest'. Three documents describe conflict of interest situations; none of these outline processes for supervising close relatives. There are no policies that speak to situations where staff is closely related to the Executive Director and the potential conflicts of interest that could occur.

- No declarations of conflict of interest are documented on any employee file. Also, steps taken to address conflicts of interest that exist in the agency are not documented.

- It is not evident what process the Agency uses in determining appropriate placement on the provincial pay scale and how that is done.

- There are opportunities for the Agency to reorganize and maximize some of the functions and duties of staff. The responsibilities of foster care are put together with the responsibilities of the family support program. This is not the best fit and detracts from the critical role that a foster care department has within a mandated CFS agency.

- The human resource files reviewed were found to be in good order and well-organized. Some key items that should be included in a human resource file are presently not being kept on Sagkeeng CFS employee files.

- Sagkeeng CFS was not consistently in compliance with the Workforce Qualifications Standard. The Agency was did not consistently adhere to its policies on staff qualifications.

- The Agency does not have a formal EAP program in place that is separate from or part of the benefits package offered to employees.

- The Agency compromised services to children and families when it took staff on a retreat but left inadequate staff behind to provide services.

RECOMMENDATIONS

OR52: It is recommended that the Agency ensure that their human resource professional is required to have a professional designation.

OR53: It is recommended that the CFS Authorities and the CFS agencies be funded for human resource professionals, that these have an HR designation, and that this funding be pro-rated for agency size.

OR54: It is recommended that the Province of Manitoba, the four CFS Authorities, the federal government (INAC), post-secondary education institutions, and, where a collective agreement exists, the Union, work together to develop a recruitment and retention strategy to address the shortage and training issues facing the CFS system, and that necessary resources are secured to implement such a strategy.

OR55: It is recommended that the Agency develop and enhance current recruitment and hiring policies and procedures to reflect internal and external postings, transfers, promotions and exiting procedures.

OR56: It is recommended that the Agency Human Resources staff develop appropriate procedures to deal with complaints and inter-office conflict.

OR57: It is recommended that the Human Resource staff monitor to ensure policy and procedures are followed and employee rights are protected.

OR58: It is recommended that the Agency develop and follow appropriate conflict of interest policies that encompass the employment of close relatives. These policies should include provisions for managing and supervising the staff and should specifically address the hiring of close relatives of the Executive Director.

OR59: It is recommended that the Agency, in conjunction with the Southern Authority, review the classification of all Agency positions on the provincial pay scale and establish a method of classifying positions.

OR60: It is recommended that the Agency, in conjunction with the Southern Authority, review the classification level of every staff person and establish criteria for the Agency to use when placing staff on the scale.

OR61: It is recommended that the Southern Authority, in conjunction with its agencies, complete this type of review with all of its agencies.

OR62: It is recommended that Standing Committee review this with a view to all CFS agencies and Authorities having a standardized pay scale.

OR63: It is recommended that the Agency separate the functions of the family support program from the Resource Departments and focus the Resource Department solely on alternative care.

OR64: It is recommended that the human resource department develop a checklist of items that are to be kept on personnel files (ex. a record of their interview, outlining how decision was made to select employee; a copy of the competition or job advertisement that the employee was hired for; a separate, signed declaration stating that the employee understands and will adhere to the Employee Policy Manual; If applicable, exit information outlining when and why the employee left the Agency; declarations of conflict of interest with other employees and procedures to work around them).

OR65: It is recommended that the Agency conduct annual audits of the human resource files to ensure that all files are up to date.

OR66: It is recommended that the Agency continue its practice of reporting newly hired front line mandated workers to the Southern Authority, as per the Workforce Qualifications Standard.

OR67: It is recommended that the Southern Authority provide training to the Agency on the Workforce Qualifications Standard and that it be mandatory for Management and Human Resource staff to attend.

OR68: It is recommended that the Southern Authority develop Workforce Qualifications Standards for executive directors, senior managers, supervisors, and human resource professionals.

OR69: It is recommended that the Agency review its current benefits package with a view to offer some form of an Employee Assistance Plan to their staff.

OR70: It is recommended that the Agency develops and promotes education and training procedures and that all staff be made aware of what they are entitled to and how they can access training.

OR71: It is recommended that the Agency document training requests and outcomes of decisions made.

OR72: It is recommended that the Province of Manitoba and the four CFS Authorities, together with post-secondary education institutions, develop a certificate/diploma program for CFS supervisors.

SECTION FOUR – MANAGEMENT

Background

A number of issues were identified in the review that related to the Management of the Agency. While some are referenced in other sections of this report, there are a number of key issues involving Management or management responsibility that will be covered in this section.

Conflict of Interest

A reality that exists in small communities and especially in independent band based agencies is that relatives often work together. When this situation exists it is important for agencies to have appropriate evidence in employee files documenting how conflicts of interest are addressed. Files should clearly document how decisions to employ friends and/or relatives of existing staff members are made. This ensures that the agency is dealing with conflict of interest situations and that relatives of employees are being hired and supervised in an appropriate and transparent manner.

To protect this integrity, it is important for agencies to have appropriate evidence in employee files that document how conflicts of interest are addressed. Files should document how decisions to employ friends and relatives of staff members are made and what steps are taken to monitor this potential conflict of interest.

The Employee Policy Manual directs staff to declare conflicts of interest at the time of recruitment and hiring, if they are related to the candidate. Once declared, that employee does not participate in any part of the hiring process. The policy does not provide direction for supervision, discipline and conflict resolution issues involving relatives working together. It does not provide direction for conflict of interest situations that involve senior management.

There is no evidence to suggest that the Conflict of Interest policy is adhered to, as no written declarations were found in any employee files reviewed. Important recruitment information such as interview notes and selection decisions are not documented and kept on file.

Further, during the review, the Executive Director stated there is no formal process for declaring conflicts of interest; rather an informal process is followed where everyone knows who is related and they act accordingly. This informal process provides no protection or evidence for the Agency that conflicts of interest are addressed by Management.

A common theme identified in the staff interviews is that conflicts of interest situations where relatives are working together is an issue that is not adequately addressed or resolved by Management.

Responses to Grievances

Staff described a climate within the Agency where open debate and healthy questioning is not tolerated. There are demonstrated situations where staff has had repercussions for raising legitimate concerns. Staff talked about incidents where they took actions that they were not comfortable with because they felt they had no choice. This type of environment does not serve to protect children.

There is a pattern of Management failure to respond to legitimate concerns that were brought to their attention. Examples include:

- A supervisor who brought forward concerns was then re-assigned to another office. This supervisor then resigned. Management later describes this individual as not being a team player.
- In interviews with the staff, the Southern Authority was informed the Executive Director had instructed Agency staff not to cooperate with the Southern Authority. This continued to affirm for the staff that their concerns could not be raised at the Agency.
- During the course of this review into the death of a child in care, a child who had died as a result of homicide, the Southern Authority received a letter from the Agency Management, dated February 14/2008. The members of the management team wrote:

  It is quite disturbing to see how one staff member is being targeted for the misfortunate (sic) that has occurred. We do not take the death of Gage Guimond lightly, and we have constant reminders of what has occurred. We have made many changes within the agency to ensure quality case management is maintained. The agency has openly met the Southern Authority conditions and expectations. We have fully cooperated with the section 4 review that was underway.

The agency is in constant scrutiny by the Southern Authority, the agency has to question what is the ulterior motivate (sic) in the continuous questioning. It is very disheartening how the agency is constantly under pressure from Southern Authority to produce documents that were already provided as requested.

In closing we are here to provide a service to a community and not be constantly fearful of an organization that is supposed to be supportive towards our agency.

Agencies know that reviews and investigations are required when children in care die. In this case, it is the role of the Southern Authority to scrutinize the actions of Sagkeeng CFS. While this may be painful, it is necessary as part of accepting responsibility for what happened to this child.

- In the interviews with Agency staff, former and current, staff stated that concerns were not raised with Management because of a fear of reprisals. Staff expressed concern that they would be identified during this review process and they were fearful of the consequences.
- Front line staff brought wrote a letter to Management about a recently hired supervisor expressing concerns that this individual did not have "...enough of the Child and Family Services experience to perform adequately within a supervisory role." This letter provided specific examples. The staff was chastised for questioning Management and for "defaming" their supervisor. None of the concerns raised were followed up by Management. As some of the staff gradually left the Agency, Management described them as "the complainers".

In September 2007, Management assigned the Human Resource Coordinator to mentor the newly hired Supervisor and provide feedback in two weeks time. Within the two weeks, the Supervisor agreed to step down from a supervisory position to a front line worker position. When Management recognized that this individual had difficulty carrying out the responsibilities of a front line worker, the caseload was reduced. Concerns about the person's ability to do the job continued. The individual resigned his position early 2008.

Adherence to Case Management Standards, Policies and Best Practices

Within a mandated agency, management is required to have systems and processes in place to ensure that the agency complies with fundamental and basic standards. Management failed in this regard. The Case Management Report includes many examples where fundamental standards were not followed by the Agency. The number and severity of the breaches is significant. The Reviewers found that there is a lack of knowledge at the Agency about the provincial case management standards, including where to find them and how to apply them.

The review found that the Agency's own policies were not followed. An informal way of operating had developed. This was acknowledged by Management. This included:

- How case decisions were made
- How hiring was done
- How grievances and complaints were dealt with
- How conflict of interest situations were viewed
- How staff were dealt with

This informal approach contributed to the lack of record keeping and documentation that was evident in the review.

Agency Management was advised by the Southern Authority to secure all files associated with the case. During the course of staff interviews, it was found that staff involved in the case was instructed, after Gage's death, to complete all documentation for the files in preparation for review by the Chief Medical Examiner and the Southern Authority office. Accurate up to date documentation by case workers is essential. Case notes written after an incident, such as the death of a child, lose their integrity and their value. The worker is now writing from hindsight and after the fact.

In June 2007, there was letter of complaint from staff at the Agency about the hiring of the Executive Director's relatives. In late June 2007, in a telephone conversation with the Southern Authority CEO, the Executive Director was questioned about the employment of these individuals. The Executive Director stated that one of the employees was hired in April 2001, prior to his appointment as Executive Director.

The review found that the Executive Director started employment with Sagkeeng CFS in March 2000, in the position of Assistant Executive Director.

The Executive Director stated that steps had been taken to ensure that he was not involved in matters relating to this individual's employment. The Executive Director was asked who supervised this individual; he stated that it was the Assistant Executive Director. After Gage's death, the Executive Director advised that this individual had resigned and would be leaving the Agency in August 2007.

In the June 2007 phone conversation with the Southern Authority CEO, the Executive Director was asked about the other close relative's position in the Resource Program. The Executive Director confirmed that this person was working in the Resource Program and that the role was to recruit new foster parents. When questioned, the Executive Director stated that this individual did not do home assessments or any other kind of social work functions. The Executive Director was advised that this person did not meet the Workforce Qualifications Standard for front line workers and could not perform any functions carried out by social workers. The Executive Director was asked to send a copy of the Resource Worker's job description which he did – the job description supported the claim that this individual had no role in doing assessments.

When the review into Gage's death started, it was discovered that this individual had in fact been doing assessments prior to the telephone conversation with the Southern Authority in June 2007. Further, this individual was assigned to do the home assessment on the placements used for Gage.

Duty of Care of the Executive Director

The promotion of the Executive Director's close relative to the Resource Worker position was effective April 2007. Interviews with former and current staff indicate that this marked a noticeable beginning of a downhill spiral in the Agency. Staff consistently identified this as a critical marker, and that prior to this date, the Agency was a good place to work in.

To accommodate this move, the Executive Director reorganized staff, including moving supervisory staff. This resulted in supervisors being in positions that were not consistent with their experience and skill. This created difficulties for front line workers.

The senior Supervisor stated that front line staff was reorganized as well. Because the reassigned Supervisor did not have the same experience in front line protection work, the senior Supervisor was assigned the more junior staff.

The Senior Supervisor who raised concerns was reassigned, and subsequently resigned. This left the Winnipeg Sub-Office without a senior supervisor. This action further demonstrated to the staff that complaints about the Executive Director's relatives would not only be ignored, but there would be repercussions for the people who raised concerns. Front line workers had just witnessed a senior and qualified Supervisor, with years of experience, subjected to such repercussions.

Management responded to the resignations of experienced staff by saying that things were good because 'the complainers' were gone. Since July 2007, there has been a high turnover at the Agency, with qualified / experienced staff leaving leading to concerns about the capacity of the Winnipeg Sub-Office.

MANAGEMENT FINDINGS

- Management does not adequately manage and / or address potential conflict of interest situations.

- There is a pattern of Management failure to respond to legitimate concerns that were brought to their attention.

- There was a serious lack of adherence to provincial case management standards respecting family contact, family assessment, risk assessment, case planning and documentation.

- There was a lack of adherence to the policies of the Agency. An informal way of operating existed at the Agency, which frequently was inconsistent with standards, policies, and best practice. This informal method was described by both staff and Management as verbal and based on intuition.

RECOMMENDATIONS

OR73: It is recommended that the Province provide funding to the CFS Authorities to increase the capacity of agencies to do regular internal quality assurance reviews on any aspect of the agency's operations and services. To support transparency and guard against collusion, it is recommended that these quality assurance staff have a dual accountability to the agency and to the mandating Authority.

OR74: It is recommended that the Agency's Management team take training on conflict resolution and handling grievances within the work place.

OR75: It is recommended that the Agency ensure that all supervisors and management have completed the core competency training for supervisors.

OR76: It is recommended that the CFS Authorities and agencies develop a clear policy with respect to supervision. This is to include goals, principles, and good practice associated with supervision.

OR77: It is recommended that Management, and particularly the Human Resource Coordinator, are informed of employee rights with respect to "whistle blowing" and with respect to staff transfers.

OR78: It is recommended that decisions made by Management to transfer employees from office to office are clearly documented and placed on the employee file, and that these decisions are reviewed by the Human Resource Coordinator to ensure that employee rights are not breached.

OR79: It is recommended that the Agency's Employee Policy Manual be revised. In particular, the Employee Policy Manual is to include:

- Clear procedures for staff to follow when they have a complaint or grievance while in the workplace.
- Clear and comprehensive policies with respect to conflict of interest.

It is further recommended that the Human Resource Coordinator ensure that the Employee Policy Manual is adhered to.

OR80: It is recommended that grievances and conflicts are directly handled and documented by the Agency's Human Resource Coordinator, and that in doing so, the Human Resource Coordinator is fully aware of the duty and responsibilities of a human resource professional.

OR81: *Confidential recommendation related to human resource matter*

SECTION FIVE – INFORMATION MANAGEMENT SYSTEM, FINANCE & ADMINISTRATION

Information Management System

Changes and practices were introduced that compromised the security of the Agency's electronic files and information. The Agency receives its Information Technology (IT) support from the Southern Authority. Staff at the Southern Authority maintain the system, and respond to help / support calls. The Executive Director's close relative had been placed in a position as Paralegal / Computer Technician Support. Changes were made that compromised the security and the effectiveness of the Agency's network. These changes created conflicts within the system and resulted in increased support calls. Practices that developed compromised the security of the Agency's files and information.

CFSIS

The Agency enters basic file information on CFSIS and has taken steps to get all of its files into the system. It does not use CFSIS as a case management tool. The Agency is not familiar with procedures to access information pertaining to its own files that are on closed CFSIS records created by another agency. Agency staff has attended CFSIS training provided by the Child Protection Branch. Refresher training, as well as training in accessing closed records, is required. The Agency is willing to participate in this.

There are connectivity issues that need to be resolved with respect to the Agency's office at Sagkeeng First Nation. The Southern Authority has explored possible solutions for this and is currently in discussion with the IT staff at the Province to implement a solution.

The majority of the Agency's files are with the Winnipeg Sub-Office and it is possible for the Agency to fully utilize CFSIS for all of these cases. The Agency requires additional resources on a 'one time' basis to complete all the case data entry, to provide additional training for staff, and to implement the necessary business process changes to transition from a paper/manual environment to a more fully automated one.

Finance

A review of the Agency's finances, by an external consultant, did not reveal any major concerns. The scope of this review did not include an audit. The Agency's financial systems are appropriate and the Agency has the necessary capacity required to manage its financial affairs. The review did note the issue of management salaries as an area requiring review and follow up.

The Reviewers did a comparison of management salaries paid at other CFS agencies in Manitoba. Most of the other agencies do not have a position of assistant executive director and comparisons were made to senior managers that report directly to the executive director. The Reviewers found that the salaries paid at Sagkeeng CFS were greater than the range of salaries paid by the other agencies.

Executive directors are appropriately placed equivalent to the XM1 to XM2 classification on the provincial pay scale. The range of salaries on this scale is $75,047 to $94,376. Assistant executive directors or senior program managers are appropriately placed equivalent to the P10 classification, with a range of $70,111 to $86,717.

There was evidence that the Board of Directors approved the salary of the Executive Director. It was not clear what pay scale, if any, was used to determine the salary level, or what analysis was done to determine an appropriate rate of pay. It was not clear how annual increases were determined and approved.

Administration

At the Winnipeg Sub-Office, there are two administrative support positions - a Receptionist and a File Clerk. These staff provide administrative support services to three supervisors, ten front line workers, and two resource workers. There is one Paralegal position that provides administrative support specific to legal requirements for family court.

The Reviewers found that the Resource Workers are responsible for all of the file maintenance associated with licensing foster homes. There is considerable administrative work involved in the foster home licensing process; providing additional administrative support to this team would reduce workload on the social workers and allow them to better focus on the assessment and support functions of their

job. Similarly, the Front Line workers would benefit from having additional administrative support, allowing them more time to work with children and families.

Increased capacity for social workers to engage with families and with children in care and to build helping relationships, will assist in efforts geared to child safety and well-being.

INFORMATION MANAGEMENT SYSTEM, FINANCE & ADMINISTRATION FINDINGS

- Changes and practices were introduced that compromised the security of the Agency's electronic files and information.

- Additional capacity is required before the Agency is able to fully utilize CFSIS. This includes addressing the connectivity issues and staff training.

- The Agency's financial systems are appropriate and the Agency has the necessary capacity required to manage its financial affairs.

- Salary scales for senior management require review.

- The Agency does not have administrative support at a recommended ratio of one administrative support staff for every four workers.

RECOMMENDATIONS

OR82: It is recommended that the Southern Authority immediately review the Agency's computer network system and make the needed changes to ensure the protection of the Agency's information.

OR83: It is recommended that provincial foundational standards are developed and implemented with respect to the security of agency information.

OR84: It is recommended that the Southern Authority implement standards with respect to the agencies information management systems.

OR85: It is recommended that the connectivity issue at the Sagkeeng Main Office, as well as at the other First Nations CFS Agencies sites, be immediately addressed, and that the Province commit the needed resources to do so.

OR86: It is recommended that a team be established, under the auspices of the Southern Authority, and fully funded by the Province, to go to each agency, and on a site by site basis:

- Train staff
- Complete the required data entry on all cases
- Assist the agency in implementing the required changes within the office environment to ensure that CFSIS is fully used as a case management tool

OR87: It is recommended that the Province provide the required resources (including hardware, software, licensing, and internet costs) so that computers, and related support and maintenance, are provided and resourced at the same level within the FNCFS agencies as the non-Aboriginal agencies. This is to include the pre-AJI positions, staff positions added since transfer, and positions that are on-reserve. This will ensure that all staff at the FNCFS agencies has the capacity to fully utilize the CFS Applications as a case management tool.

OR88: It is recommended that the Agency review its organizational structure, division of duties, and budget, with a view to increasing the administrative support staff.

CONCLUSION

As leaders and service providers in the Child and Family Services system, we work in an environment that is most sensitive, under constant scrutiny and burdened with high expectations of excellence. We do our best to meet the expectations without incident.

Suddenly, tragedy strikes, a death of a child has occurred while in our care. Fear grips the moment, as sadness settles in. The tide of such a tragedy cannot be contained, nor can the reality of what people feel or say. Once again a tragic moment has brought the people together.

Gage's death has affected us all. Silence and pain has once again taken a hold as we search within ourselves and the world around us for answers. The emotional upheaval that comes with the loss of a young child can be felt within our offices and even in our homes.

We try to understand why this tragedy has happened. We believe that no one set out to hurt Gage or purposely cause his death. Our teachings on death help us heal our emotions and it is during these trying times we find comfort and solitude in our prayers to the Creator and in our teachings.
In our quest for answers, our teaching from our elders is not to seek punishment but to seek an answer that can help in the process of healing. It is also understood that at times we must do what is necessary to remedy a wrong that has been inflicted upon the people.

A review of the Agency in question has been completed. The independent external Case Management Report reviewed the specifics of the case and the Vision Keepers-Quality Assurance staff from the Southern Authority reviewed the operations of the Agency as they related to this case.

From the findings, many recommendations were made; these recommendations will be followed up and monitored by the Southern Authority to ensure they are acted upon. These recommendations will not only bring change to the Agency but to the Child and Family service system as a whole.

In following our teachings and in honour of our "Warrior for Change" – Gage, we must work together to do everything we can to prevent another similar tragedy from happening.